

OPEN UNIVERSITY REGISTRATION FORM



Extended University Division
California State University, Bakersfield
 9001 Stockdale Highway – 30 BDC
 Bakersfield, CA 93311-1022
 PH. 661-654-2441
 FX. 661-654-2447

Term (Choose One): Fall ___ Spring ___

Year: _____ Summer ___ Intersession ___
 YYYY

CSUB Student ID# (new students use SSN#): _____ Date of Birth: ____ / ____ / ____ Sex: Male ___ Female ___

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Daytime Phone: _____ Email: _____

U.S. Citizenship: Yes ___ No ___ Permanent Residence: California ___ Out of State ___ Foreign ___

Highest Level of Education (Choose One)

No prior college ___ Freshman (0-44 units) ___ Sophomore (45-89 units) ___ Junior (90-135 units) ___ Senior (135 or more units) ___

Bachelor's Degree ___ Master's Degree ___ Doctoral Degree ___ Have you ever attended CSUB? Yes ___ No ___

Enter your ethnic identity code in box (optional):

- 1 - American Indian or Alaskan Native; tribe _____
- 2 - Black, none-Hispanic, including African American
- 3 - Mexican American, Mexican, Chicano
- 4 - Other Latino, Spanish-origin, Hispanic
- 5 - Other Asian
- 6 - Other Pacific Islander
- 7 - White, Caucasian
- 8 - Other
- 9 - No response
- A - Central American
- B - South American
- C - Chinese
- D - Decline to State
- G - Guamanian
- H - Hawaiian
- J - Japanese
- K - Korean
- L - Laotian
- M - Cambodian
- N - Samoan
- P - Puerto Rico
- Q - Cuban
- R - Asian Indian
- S - Other Southeast Asian
- T - Thai
- V - Vietnamese

Ethnic
Code

For Office Use Only	TO BE COMPLETED BY THE STUDENT (List courses for which you are registering)							If prerequisites are not met, department Chair signature is also required.
Open University Class Number	Class Number	Course Subject & Catalog Number	Section	Units	Course Title	Cost	Instructor's Name Printed	Instructor's Signature

I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by credit card, check, or financial aid is not paid by the bank, I am still responsible for all course fees. I authorize the Extended University to change my record, if necessary, to reflect the above information. Refund checks must be requested by calling the Extended University during office hours, and will be processed according to the university refund policy.

Student's Signature: _____ Today's Date: _____

Payment Method

Payments must be submitted to Extended University at the address listed above or online via myCSUB. **We DO NOT accept payments via phone, fax or email.**

Check, Money Order, or Certified Check #: _____ Amount: \$ _____

Credit Card: Visa ___ MasterCard ___ Card #: _____ Expiration Date: _____ CC Zip Code: _____

Name on CC: _____ Cardholder Signature: _____ Amount Authorized: \$ _____

(Initial & Date)

Received By:

Registered By:

Payment Processed By:

Fees Paid: \$

Receipt #:

Unit Limitations: A maximum of 36 quarter or 24 semester units may be applied towards a Bachelor's Degree. A maximum of 13 quarter or 9 semester units may be applied towards a Master's Degree.

Nondiscrimination Policy: EUD does not discriminate on the basis of race, color, national origin, sex, physical handicap, or sexual orientation in the educational programs or activities it conducts. Students admitted with physical, perceptual or learning disabilities will be given necessary accommodations provided that their disability has been verified by the CSUB Office of Services for Students with Disabilities (661-654-3360).