



CSU Bakersfield
Extended Education and Global Outreach

PAYMENT FORM

9001 Stockdale Highway – 30BDC
Bakersfield, California 93313

661.654.2441 | 661.654.2447 (f)
extended.csub.edu

TERM:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	YEAR: _____
	<input type="checkbox"/> Summer	<input type="checkbox"/> Winter	YYYY

CSUB Student #: _____

FIRST: _____ M.I.: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

PAYMENT METHOD

Payments must be submitted to Extended Education & Global Outreach (EEGO) at the address listed above or online via myCSUB.

WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.

FINANCIAL AID TYPE: _____

CHECK, MONEY ORDER, OR CERTIFIED CHECK #: _____ Amount: \$ _____

CREDIT CARD: Visa MasterCard

Card #: _____ Expiration Date: _____ CC Zip Code: _____

Name on CC: _____ Cardholder Signature: _____

Amount Authorized: \$ _____

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 Education & Global Outreach to change my record, if necessary, to reflect the above information.

Student's Signature: _____ Date: _____

For Office Use Only (Initial and Date)

Received By

Processed By

Receipt #