



TERM: Fall Spring YEAR: _____
 Summer Winter YYY Y

CSUB Student ID or SSN#: _____

Have you ever attended CSUB? Yes No

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

DOB: ____/____/____ SEX: Male Female
mm dd yyyy

ADDRESS: _____

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

PHONE: _____ EMAIL: _____

US CITIZENSHIP: Yes No
PERMANENT RESIDENCE: California Out of State Foreign
HIGHEST LEVEL OF EDUCATION: No Prior College Some College Bachelor's Degree Post-Baccalaureate Degree

PLEASE PROVIDE YOUR ETHNIC IDENTITY CODE (optional): _____

- | | | | |
|--|----------------------|---------------|---------------------------|
| 1 – American Indian or Alaskan Native;
Tribe: _____ | 7 – White, Caucasian | F – Filipino | N – Samoan |
| 2 – Black, non-Hispanic, including African American | 8 – Other | G – Guamanian | P – Puerto Rican |
| 3 – Mexican American, Mexican, Chicano | 9 – No Response | H – Hawaiian | Q – Cuban |
| 4 – Other Latino, Spanish-origin, Hispanic | A – Central American | J – Japanese | R – Asian Indian |
| 5 – Other Asian | B – South American | K – Korean | S – Other Southeast Asian |
| 6 – Other Pacific Islander | C – Chinese | L – Laotian | T – Thai |
| | D – Decline to State | M – Cambodian | V – Vietnamese |

TO BE COMPLETED BY THE STUDENT						
Course Number	Course Department & Number	Units	Section	Course Title	Instructor's Name	Fee
<i>Example: 82984</i>	<i>COMM 3000</i>	<i>3</i>	<i>126</i>	<i>Theories of Communication</i>	<i>Dr. D. Simmons</i>	<i>\$900</i>
TOTAL FEES:						

I am aware of the conditions of this registration transaction including any effects on my academic progress, records, and fees. 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 Extended Education and Global Outreach (EEGO) to change my record, if necessary, to reflect the above information.

SIGNATURE: _____ DATE: _____

PAYMENT METHOD

Payments must be submitted to 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: \$ _____

OFFICE USE ONLY (Please Initial & Date)		
Received By:	Registered By:	Processed By:
		Fees Paid: \$
		Receipt #: