



TERM: [] Fall [] Spring YEAR: _____
[] Summer [] Winter YYY

CSUB ID #: _____

BIRTHDATE: _____

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

ADDRESS: _____

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

PHONE: _____ EMAIL: _____

PAYMENT METHOD

Payments must be submitted to Extended Education & Global Outreach (EEO) 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 #

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).