



I would like to participate in the EEGO Fee Deferment Program and I choose the following plan (please initial):

16-Week Course

_____ I will pay 1/3 of my tuition for those courses that I have registered along with the administrative fee of \$35.00. Installment 1 will be due at the time of my registration and will include the administrative fee. Installment 2 (1/3 of fees) will be due on the 5th day of the second month of the semester. Installment 3 (the final 1/3 of fees) will be due on the 5th day of the third month of the semester. If I register past the due date, a late fee of \$25.00 may also be assessed.

8-Week Course

_____ I will pay 1/2 of my tuition for those courses that I have registered along with the administrative fee of \$35.00. Installment 1 (1/2 of fees) will be due at the time of my registration and will include the administrative fee. Installment 2 (1/2 of fees) will be due on the 5th day of the second month of the semester. If I register past the due date, a late fee of \$25.00 may also be assessed.

If payment is not received by the scheduled due date, a late fee of 7% of the unpaid balance will be added to the total amount due. If balance owed has not been paid by the last day of classes, I will be unable to register for the next term, my grades and transcripts will be withheld, and I will forfeit any refund eligibility under the Extended Education Refund Policy. Additionally, both the California State University System and the Division of Extended Education and Global Outreach may withhold any and all of their services from me and may, at their sole discretion, seek to recover damages through the employment of a collection agency, the judicial system, and/or any other legal remedy available. I agree to pay the deferred portion of my fees by the due dates listed below.

TERM: FALL WINTER SPRING SUMMER YEAR: _____

NAME: _____ CSUB STUDENT ID#: _____

PHONE: _____ E-MAIL: _____

REGISTRATION FEES

Class Nbr	Course Subject / Catalog Number / Title	Units	Fee
			\$
Total Fees			
Administrative Fee			\$ 35.00
Late Fee (if applicable)			
Subtotal			
Installment	Due Date	Total	
1	Due at time of registration		
2	Due 5 th day of the second month of semester		
3	Due 5 th day of the third month of semester		

You will not receive a separate billing for this amount before the due dates and it is your responsibility to make payments based on this contract. If you have questions or cannot make the scheduled payments, contact our office at (661) 654-2441.

My signature indicates that I have read this contract and agree to all its terms.

Student's Signature Date

Extended Education Approval Date

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).