



TERM: Fall Spring Summer Winter YEAR: _____
YYYY

CSUB Student ID: _____ DOB: ____/____/____
mm dd yyyy

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

EMAIL: _____ PHONE: _____

Class Number	Course Department, Catalog Nbr, Section	Units	Check		Instructor's Name Printed	Approval Signatures (if required) or Comments
			Add	Drop		
<i>Example:</i> 82984	COMM 3000 - 126	3	✓		Dr. D. Simmons	

By registering for classes at CSU Bakersfield, I accept full financial responsibility for all tuition and fees charged to my student account. If billed to an external agency that fails to pay, I remain responsible for the balance. I understand that lack of or insufficient financial aid does not remove my payment obligation. Failure to pay may result in denied services, holds on registration, collections activity, reporting to credit bureaus, tax offset, and additional collection costs. I also authorize CSU Bakersfield and its representatives, including collection agencies, to contact me via phone, text, or email regarding my account, and I agree to update my contact information within 30 days of any change.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY (INITIAL AND DATE)

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