



REGISTRATION FORM

FOR OFFICE USE ONLY
RECEIVED BY INITIAL & DATE

TERM: Fall Winter Spring Summer YEAR: _____

CSUB Student ID or SSN#: _____ Have you ever attended CSUB? Yes No

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

DOB: ____/____/____ GENDER: Man Woman Another Gender Decline to State
mm dd yyyy

MAILING ADDRESS: _____

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

PHONE: _____ EMAIL (REQUIRED): _____

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

TO BE COMPLETED BY THE STUDENT (List courses for which you are registering)						FOR OFFICE USE ONLY REGISTERED BY
Class Number	Course Department/ Catalog Nbr/Section	Units	Course Title	Instructor's Name	Cost	
<i>Example: 82984</i>	<i>COMM 3000 - 126</i>	<i>3</i>	<i>Theories of Communication</i>	<i>Dr. D. Simmons</i>	<i>1080.00</i>	

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: _____

PAYMENT METHOD

Payments must be submitted to Extended Education or online via myCSUB. **WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.**

- FINANCIAL AID TYPE: _____
- CHECK, MONEY ORDER, OR CERTIFIED CHECK (PAYABLE TO CSUB): # _____ AMOUNT: \$ _____
- CREDIT CARD

CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	CARD NUMBER		
	EXPIRATION DATE	BILLING ZIP CODE	AUTHORIZED AMOUNT \$
CARDHOLDER NAME (AS SHOWN ON CARD)		CARDHOLDER SIGNATURE X	
FOR OFFICE USE ONLY	PAYMENT PROCESSED BY/DATE:		TRANSACTION #