



REGISTRATION FORM

9001 Stockdale Highway – 30BDC
Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f)
extended.csub.edu

TERM: FALL	YEAR: _____
	yyyy
TERM 1	TERM 2

GIVEN NAME: _____ FAMILY NAME: _____

DOB: ____/____/____ SEX: MALE FEMALE
mm dd yyyy

HOME ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ COUNTRY OF CITIZENSHIP: _____

COUNTRY CODE: _____ PHONE NUMBER: _____ CHOOSE ONE - THIS IS MY:
CELL PHONE HOME PHONE

EMAIL: _____

IS ENGLISH YOUR PRIMARY LANGUAGE? YES NO IF "NO", PLEASE COMPLETE THE SECTION BELOW:

MOST RECENT ENGLISH PROFICIENCY EXAM SCORE: _____ DATE TAKEN: ____/____/____
mm dd yyyy

EXAM: DUOLINGO ENGLISH TEST TOEFL IBT TOEFL PBT IELTS

CHOOSE COURSE(S) YOU WISH TO REGISTER FOR (LIMIT OF THREE COURSES):

DISCUSSIONS - \$699

PRESENTATIONS - \$699

READING & WRITING - \$699

UNDERSTANDING LECTURES - \$699

ALL FOUR COURSES - \$2,599

MANDATORY MATERIAL & PROGRAM FEE - \$60

TOTAL COST : _____

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 (EEOG) to change my record, if necessary, to reflect the above information.

SIGNATURE: _____ BY TYPING MY NAME HERE I AM PROVIDING MY CONSENT AND APPROVAL DATE: _____

EMAIL COMPLETED FORM TO: ali@csub.edu

STUDENTS STOP HERE

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