COLLEGE of Extended Learning
CALIFORNIA STATE UNIVERSITY SAN BERNARDINO

Registration Form

Please write priority code number from mailing label here: _____

➢ Have you ever attended this university before? ❑ Yes ❑ No* ➢ If yes, did you take Extension classes only? ❑ Yes ❑ No*

➢ **Term:** Winter ❑ 1 Spring ❑ 2 Summer ❑ 3 Fall ❑ 4 20_____

|___|___|___| |___|___| |___|___|___|___| _____

Social Security Number*/Student ID Number — Enter here any other name or student ID# you have used at CSUSB

_____

Last Name (PLEASE PRINT) First Name Middle Initial

_____

** Mailing Address (Number, Street and Apt. Number or P.O. Box)

_____

City State Zip Code

_____ ❑ Home ❑ Work

E-Mail Address

_____

Employer/Organization/School District

➢ **Phone Number** (include area code) In the event of course cancellation, we will make every effort to contact you.

Daytime:_____X_____ ❑ Home ❑ Work ❑ Other **Evenings:**_____ ❑ Home ❑ Work ❑ Other

➢ **Date of birth**: _____/_____/_____ ➢ **Sex:** Male ❑ Female ❑ ➢ ❑ I am a member of the CSUSB Alumni Association.

***Address above is for Extended Learning use only. If you have a change of address for CSUSB courses, please notify them directly in UH-171, or at (909) 880-5200.*

**The university requires a social security number for first-time registrants to Extension courses. For information concerning special services to accommodate a physical, perceptual or learning disability, please contact the College of Extended Learning at (909) 880-5975.*

What is your current class level?
❑ graduate ❑ undergraduate

Latest degree received?
❑ Associate ❑ Bachelors
❑ Masters ❑ Ph.D.

How did you hear about this course?
(Check as many as apply.)
❑ Bulletin
❑ Home ❑ Office ❑ Friend
❑ Picked up at _____
❑ Flyer/Brochure
❑ Advertisement (Code # _____)
❑ The Sun
❑ The Press-Enterprise
❑ The Business Press
❑ Other:_____
❑ Newspaper article/calendar listing
❑ Radio station: _____
❑ Word of mouth
❑ Phone call to Extended Learning
❑ World Wide Web site
❑ Other:_____

➢ **Enter all course schedule information**

COURSE NO.	UNITS	SCHEDULE NO.	SECTION NO.	COURSE TITLE	DATES	FEES

➢ **ENTER TOTAL FEES FOR ALL THE CLASSES LISTED ABOVE** .....$_____

➢ **Payment type:**

❑ CASH **(Exact change only. Do not mail cash.)**

❑ CHECK or Money Order #_____ (*Payable to CSUSB Extended Learning.*)

❑ MASTERCARD ❑ VISA

Credit Card No. _____

Expiration Date _____

Cardholder's Signature _____

Print cardholder's name (if different from registrant) _____

Less Applicable discount .....$ _____

TOTAL DUE .....$ _____

➢ **I agree to abide by the deadlines, policies, and registration, refund and withdrawal procedures as outlined in the College of Extended Learning's *Bulletin* and the CSUSB university catalog.**

_____

Student Signature Date

Policies are available on the CEL web site: http://cel.csusb.edu; and on the CSUSB web site: http://csusb.edu.

HOW TO REGISTER

Early registration is suggested for all classes and required for many, with the date noted specifically in the course description. **Five ways to register:**

1) By mail, using the registration form inside this Bulletin; mail registration form to: College of Extended Learning, 5500 University Parkway, San Bernardino, CA 92407-2397;

2) By phone, (909) 880-5975, using VISA or MasterCard;

3) In person, Monday–Friday at the College of Extended Learning (Sierra Hall, Room 134), Saturday and Sunday at the Yasuda Center; if paying with cash, please have exact amount;

4) By fax, (909) 880-5907, using VISA or MasterCard;

5) ***Coming in October 2004!*** Register online at *http://cel.csusb.edu*.

In most cases, early registration assures enrollment in a course. To avoid the inconvenience of registering at the door and the possibility that the desired course may be full, participants are urged to register in advance. Late registration may be permitted, subject to the instructor's approval.

Declined credit cards and dishonored checks: There is a $25 fee for all declined credit cards or returned checks.

Refunds and withdrawals: Students must notify the College of Extended Learning in writing in advance of the first class meeting to receive a full refund, less a $10 administrative fee.

➢ **Ethnicity (Optional) Please circle appropriate code.**

1 American Indian or Alaskan Native
2 Black, Non-Hispanic, including African-American
3 Mexican-American, Mexican, Chicano
A Central American
B South American
Q Cuban
P Puerto Rican
4 Other Latino, Spanish-Origin, Hispanic
C Chinese
J Japanese
K Korean
R Asian Indian
5 Other Asian
M Cambodian
L Laotian
V Vietnamese
T Thai
S Other Southeast Asian
G Guamanian
H Hawaiian
N Samoan
6 Other Pacific Islander
7 White
F Filipino
8 Other
9 No response
D Decline to state

COLLEGE OF EXTENDED LEARNING USE ONLY

Initials _____ Amount $ _____ Date Received _____

Posting Date _____ Completion Date _____

WHITE—Office Copy YELLOW—Student Copy