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**“Semester at CSUMB Program”
 Open University Registration Form**

STUDENT INFORMATION Student ID or Social Security Number _____ **Term:** _____ **Year** _____
 (Summer, Fall, Winter, Spring)

 Last Name First Name Middle Name

 Street Address City State Zip

 Date of Birth Gender Email Address

 Daytime Phone Evening Phone Fax

Student Signature _____ Date _____

COURSE INFORMATION

Class# (Required)	Grade Mode*	Subject & Number	Section	Units	CSUMB Perm # (Instructor Consent)	Instructor's Signature	EE Fee

For Each Credit Class Enter One Grade Mode:
 Letter = Letter Grade Total Units: _____ **Cashier's Stamp** **Registration Stamp**
 CR/NC = Credit / No Credit

Check one: ___ Undergraduate (12) **or** ___ Graduate (8)

Fee Type:	Undergraduate (up to 12 units*)	Graduate (up to 8 units*)
Sub-Total Fees	\$4,384.00	\$4,384.00
*Additional units X \$195 per unit:		
Total Fees Due:		

PAYMENT INFORMATION

Check made payable to CSUMB-EE for \$ _____

Credit Card (please circle): Visa MasterCard Discover American Express

I hereby authorize CSUMB to charge the following amount: _____

Credit Card Number _____ Expiration Date _____

Cardholder name as printed on credit card _____

Cardholder's Signature (required) _____

Daytime Phone _____ Message Phone _____