



OPEN UNIVERSITY REGISTRATION FORM for Fall, Spring & Summer ~ CSUMB Extended Education

Use this form to: Register for courses through the Open University registration process

Add or Drop classes during the Add/Drop Period (previously registered with this form)

Students may enroll on the first day of class on a space-available basis with instructor approval.

HOW TO REGISTER: Obtain the instructor's permission to register with a signature or permission number on this form OR attach an email approval. Submit the completed form to the Extended Education Office by email, fax or in-person to the address above.

Please allow 2-3 business days for processing. For more information, visit <https://csumb.edu/openu>.

STUDENT INFORMATION

Student ID or Social Security #	First Name	Middle Name	Last Name		
Date of Birth	Gender	Email			
Permanent Address: Street			City	State	Zip
Mailing Address: Street			City	State	Zip
Phone	Ethnicity (voluntary, see below*)		Do you have an Undergraduate Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year received:		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please list country of origin		Are you an international Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list visa type	

*** Ethnicity codes:**

A	Central American	F	Filipino	1	American Indian or Alaska native	5	Other Asian
B	South American	J	Japanese	2	Black (non-Hispanic)	6	Pacific Islander
C	Chinese	K	Korean	3	Mexican-American, Mexican, Chicano	7	White (non-Hispanic)
D	Decline to State	S	Southeast Asian	4	Other Hispanic	8	Other

COURSE INFORMATION

Select Term: Fall Spring Summer Enter Year: _____

ENTER ACTION Add or Drop	Course# (ex: 40148)	Subject & Number (CST 101, etc.)	Section (01, 90, etc.)	Units	To register: Instructor's approval is required via signature, permission number or attached email.	EE Course Fee (\$280 x # of Units)

Your EE Course Fee: _____

+ Mandatory EE Service Fee: \$39.00

Check course schedule as additional course/lab fees may apply.....Course/Lab Fee*: _____

Your Total Fees: _____

PAYMENT AGREEMENT – STUDENT SIGNATURE (REQUIRED)

___ I understand that I must make my tuition payment in OASIS after I gain access to my CSUMB account.

___ Further payment instructions will be sent by email from extended@csumb.edu once my registration is processed.

➤ **My signature verifies acknowledgement that I have read the above Payment Information.**

Student Signature (Required) _____ Date _____

DEPARTMENT USE ONLY			rev0323
Payment Received:	Paid in CMS:		
Admitted:	Term Activated:	Registered:	