



**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)**

**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:**

<b>A</b>	Central American	<b>F</b>	Filipino	<b>1</b>	American Indian or Alaska native	<b>5</b>	Other Asian
<b>B</b>	South American	<b>J</b>	Japanese	<b>2</b>	Black (non-Hispanic)	<b>6</b>	Pacific Islander
<b>C</b>	Chinese	<b>K</b>	Korean	<b>3</b>	Mexican-American, Mexican, Chicano	<b>7</b>	White (non-Hispanic)
<b>D</b>	Decline to State	<b>S</b>	Southeast Asian	<b>4</b>	Other Hispanic	<b>8</b>	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](mailto: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			rev0723
Payment Received:	Paid in CMS:		
Admitted:	Term Activated:	Registered:	