

Spring Intersession 2019 Registration Form

Date of Application:	Student ID: Month/Day/Year			Birth Date:			
				Month/Day/Year			
Name:							
	Lastname,			Firstname	9,	M.I.	
Address:							
	Street			City		State	Zip
elephone:							
	Daytime Evening			Fax		E-Mail	
ew address?	□Yes □No	□No □Male □Female		Enrolled at CSUDH previously? Date last enrolled:			
mployer <i>Com</i>	npany Name						
REGISTRATION #	DEPARTMENT	COURSE	SECTION	UNITS	COURSE FEE	INSTRUCTO	OR/ DEPT CONSENT
REGISTRATION #	DEPARTIVIENT	COOKSE	SECTION	UNITS	COOKSE LEE	INSTRUCTO	IK/ DEFI CONSENT
Check/Money Order, Made Payable to CSUDH				Course Fee \$			
I AUTHORIZE THE USE OF MY:				ITFS Fee \$			
□ VISA □ MASTERCARD □ DISCOVER				Other Fees \$			
ACCOUNT NUMBER EXP. DATE				Late Fee \$			
				TOTAL FEES PAID \$			
	56.					ιυ ψ	
REFUND POLICY (please read and sign be		ased on the date s are calculated a			to withdraw from a sion:		
-	rough May 21, 2019, 1			_			
	ay 22-29, 2019, the r				aummistrative costs	•	
 For drops af 	ter May 29, 2019, the	re will be no refu	nds.				

Signature:_

MAIL TO OR STOP BY:

Carson, CA 90747

CSUDH Extended Education EE 1100 1000 E. Victoria Street

Available 11/26/18 - 05/19/19



MY.CSUDH.EDU -

All students who have previously taken a class at CSU Dominguez Hills can register 11/26/18 - 05/19/19 via https://my.csudh.edu

Date:



BY VOICE/ PHONE:

You may register by phone with your VISA, Discover or MasterCard by calling (310) 243-3741.

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