

**California State University, Dominguez Hills
University Extension Registration Form
EXTENSION PROGRAMS**

Date of Application _____ Social Security No: _____ Birthdate _____
month/day/year

Name _____
Last First Middle Initial

Address _____
Street City State Zip

Telephone _____
Day Evening Fax Email

New address? yes no male female

Have you been enrolled at CSUDH before? yes no Date last enrolled _____

Course Information

CRN No	DEPT	SECTION	TERM (i.e. Fall 02)	COURSE TITLE	UNITS	FEE

Total Fee Submitted \$ _____

Payment Method

- Check/Money Order. Make check payable to CSUDH Extension
- I authorize the use of my VISA/MC/Discover (circle one)

Account Number _____ Exp Date _____

Cardholder's Name _____ Cardholder's Signature _____

Refund Policy

Refunds are granted in accordance with the State refund schedule. Refunds are not automatic; you must file appropriate forms in the Extended Education Office in order to receive a refund. Refunds take a minimum of six to eight weeks for processing. To receive a refund of fees for a non-credit class or a class offering continuing education, extension credit or professional units, you must notify the Division of Extended Education between the hours of 8:00am and 5:00pm Monday through Thursday, and from 8:00am to 4pm on Fridays, at least two working days before the course begins. You will be asked to send a written request for a refund to our office.

**For more information, call the Office of Extended Education, (310) 243-3741
or e-mail: eereg@csudh.edu**