CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
OPEN UNIVERSITY REGISTRATION FORM

Date of Application_____ **Student ID:**_____ **Birth date:**_____
month / day / year

Name:_____
Last *First* *M.I.*

Address:_____
Street *City* *State* *Zip*

Telephone:_____
Daytime *Evening* *Fax* *Cell*

New Address? **yes** ☐ **no** ☐ **Enrolled at CSUDH previously?** **yes** ☐ **no** ☐

male ☐ **female** ☐ **Date last enrolled**_____**Term** (e.g. Fall '10)

Employer:_____
Company Name *Email*

COURSE INFORMATION

Course No.	DEPT/SECTION	COURSE TITLE	UNITS	INSTRUCTOR SIGNATURE	FEE

Total Fee Submitted $_____

PAYMENT METHOD

☐ **Check/Money Order, made payable to CSUDH EXTENSION.**

I AUTHORIZE THE USE OF MY: VISA ☐ **MASTERCARD** ☐ **DISCOVER** ☐

_____ _____

ACCOUNT NUMBER **EXP DATE** **SIGNATURE**

REFUND POLICY

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. Refunds are granted in accordance with the State refund schedule. If a course is cancelled, the entire fee will be refunded. If you withdraw after the first class and before 25 percent of the course has elapsed, 65 percent of the total fee will be refunded. After 25 percent of the course time has elapsed, no refund will be made; however a drop form must still be filed. Stop payments on checks are NOT an acceptable withdrawal from the course(s) and will result in a financial penalty.

For more information call the College of Extended & International Education: **(310) 243-3741.**

OFFICE USE ONLY

SEMESTER:
Sum Fall Spr (circle one)

Year_____

Date_____

Total Fees_____

Entered by ____**Initial**_____