

REGISTRATION FORM

Date of Application:		Birthdate (mm/dd/yy):	Student ID:		
Name (Las	st, First, M.I):				
	ess? yes no Street, City, State, Z	ip):			
Telephone	e:	Email:			
Enrolled a	t CSUDH previously	/? yes no	Last Enrolled: (e	e.g., Fall 2022)	
Highest Lo	evel of Education: _	Bachelor's Master's	Other:		
COURSE INFORMATION					
COURSE #	DEPT/SECTION	COURSE TITLE	UNITS	INSTRUCTOR PERMISSION	FEE
PAYMENT - DUE AT THE TIME OF REGISTRATION Check/Money Order					
Checkmoney Order Made payable to <i>CSUDH EXTENSION</i>			Course Fee(s) \$		
			Other F	ee(s) \$	
	E THE USE OF MY:	DISCOVED			
VISA MASTERCARD DISCOVER Note: Students will need to call the CCPE Registration			Late Fee(s) \$		
Office at 310-243-3741 (Option 1) with their credit card nformation.			TOTAL FEES PAID \$		
"Non-matric	culated undergradua through the CSUD	to Apply to CSUDH ate students who have the inten H Continuing Education Office. It t exceed 9 units of coursework	Non-matriculated	graduate students who have the	ne
REFUND P	OLICY				
Refunds are refund. Ref refund sche	e not automatic; you unds take a minimur	must file appropriate forms in the of six to eight weeks for procest e CSUDH Summer Intersession h.edu/summer.	essing. Refunds a	re granted in accordance with t	the State
Signature:				Date:	