



# CSU Bakersfield

Extended Education and Global Outreach

## KODÁLY INSTITUTE REGISTRATION FORM

9001 Stockdale Highway – 30BDC  
Bakersfield, California 93311

661.654.2441 | 661.654.2447 (f)  
extended.csusb.edu

TERM: ☐ Fall ☐ Spring YEAR: \_\_\_\_\_  
☐ Summer ☐ Winter YYY

CSUB Student ID: \_\_\_\_\_

Have you ever attended CSUB? ☐ Yes ☐ No

FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: ☐ Male ☐ Female  
mm dd yyyy

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

US CITIZENSHIP: ☐ Yes ☐ No  
PERMANENT RESIDENCE: ☐ California ☐ Out of State ☐ Foreign  
HIGHEST LEVEL OF EDUCATION: ☐ No Prior College ☐ Some College ☐ Bachelor's Degree ☐ Post-Baccalaureate Degree

PLEASE PROVIDE YOUR ETHNIC IDENTITY CODE (optional): \_\_\_\_\_

1 – American Indian or Alaskan Native;

Tribe: \_\_\_\_\_

2 – Black, non-Hispanic, including African American

3 – Mexican American, Mexican, Chicano

4 – Other Latino, Spanish-origin, Hispanic

5 – Other Asian

6 – Other Pacific Islander

7 – White, Caucasian

8 – Other

9 – No Response

A – Central American

B – South American

C – Chinese

D – Decline to State

F – Filipino

G – Guamanian

H – Hawaiian

J – Japanese

K – Korean

L – Laotian

M – Cambodian

N – Samoan

P – Puerto Rican

Q – Cuban

R – Asian Indian

S – Other Southeast Asian

T – Thai

V – Vietnamese

### TO BE COMPLETED BY THE STUDENT

Course Number	Course Department & Number	Units	Section	Course Title	Instructor's Name	Fee
Example: 82984	COMM 3000	3	126	Theories of Communication	Dr. D. Simmons	\$900
TOTAL FEES:						

I am aware of the conditions of this registration transaction including any effects on my academic progress, records, and fees. I agree to abide by the academic, payment & refund policies governing these courses as printed in the CSUB Catalog. If my payment by credit card, check, or financial aid is not paid by the bank, I am still responsible for all course fees. I authorize Extended Education and Global Outreach (EEGO) to change my record, if necessary, to reflect the above information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PAYMENT METHOD

Payments must be submitted to EEGO at the address listed above or online via myCSUB.

**WE DO NOT ACCEPT PAYMENTS VIA PHONE, FAX OR EMAIL.**

OFFICE USE ONLY (Please Initial & Date).

Received By:	Registered By:	Processed By:
		Fees Paid: \$
		Receipt #: