



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
<i>Example: 82984</i>	<i>COMM 3000</i>	<i>3</i>	<i>126</i>	<i>Theories of Communication</i>	<i>Dr. D. Simmons</i>	<i>\$900</i>
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 #: