

Last Name _____ First Name _____ Middle _____

CSUF University Extended Education Registration Form

(For office use only)

CMS CASHNET

By Date

Print Clearly

NOTE: Feel free to duplicate form if extra copies are needed.

Date _____

Mail Label Code _____

Above name on mailing label

CSUF Student ID or Social Security # _____

Birth Date (mm/dd/yyyy) _____

Email Address _____

Male Female

Have you ever attended as a CSUF or extension student? Yes No

Street Address _____

City _____

State _____

Zip _____

Telephone (Home) _____

Telephone (Business) _____

Extension _____

Telephone (Cellular) _____

How did you hear about us?

- Current Student (STU)
- Advertising (ADV)
- Catalog/Flyer (CAT)
- Education Fair (EDF)
- Email from CSUF (EMA)
- Industry/Association (IND)
- Internet search/Website (WEB)
- Friend/Co-worker (WOM)
- Other _____ (OTH)

	Enter your ethnic identity code in box (optional).	A- Central American	4- Other Latin, Spanish-origin, Hispanic	R- Asian Indian	V- Vietnamese	H- Hawaiian	F- Filipino
	1- American Indian or Alaskan native	B- South American	C- Chinese	5- Other Asian	T- Thai	N- Samoan	8- Other
	2- Black, non-Hispanic, including African-American	Q- Cuban	J- Japanese	M- Cambodian	S- Other Southeast Asian	6- Other Pacific Islander	9- No Response
	3- Mexican-American, Mexican, Chicano	P- Puerto Rican	K- Korean	L- Laotian	G- Guamanian	7- White	D- Decline to state

Class Number (ex: E093-12345K)	Credit Units	Grade Option*	Subject Area/Catalog Number and Class Name	Print Instructor's Last Name	Instructor's Signature**	Fee
-						
-						
-						

*Grade Option: For noncredit classes, enter EU. For academic credit enter 1 for letter grade; CN for CR/NC; enter AU for audited classes.

**Required only for registration on or after first class meeting or published deadline.

Class Fees

Late Fees

Total Fees

Card number _____ Expiration date (Mo./Yr.) _____

(Visa, MasterCard, Discover, American Express - when using American Express, the name on the card must exactly match that of the student who is registering.)

Signature (Authorization to charge) _____

Bill my company.

(Purchase order or letter of sponsorship must accompany registration. If registering by telephone, this must be faxed the day of registration.)

In the event that the company doesn't comply with the terms and conditions of its P.O./Agreement/Voucher, the student is responsible for the class fees.

Signature _____ Date _____

Payment by check, money order or credit card. BY CHECK or MONEY ORDER: make payable to CSUF.

Disabled Student Services

If you are a permanently disabled person or have a temporary disability and require assistance from the university (including parking arrangements), contact Disabled Student Services, University Hall, rm. 101, 657.278.3117.

For parking fees and information, visit www.parking.fullerton.edu

Please mail or bring to: University Extended Education Registration • 2600 Nutwood Ave., Suite 100 • CSUF • P.O. Box 6870 • Fullerton, CA 92834-6870
To register by telephone call 657.278.2611 • Register online at www.csufextension.org