

OPEN UNIVERSITY REGISTRATION FORM

Date of Application:		Birthdate (mm/dd/y	y):	Student ID:		
Name (Las	st, First, M.I):					
	ess? yes n Street, City, State, Z	o Zip):				
Telephone: Email:						
Enrolled a	t CSUDH previously	y? yes no	Term Last	Enrolled: (e.g., Fall 2023)	
Highest Level of Education: Bachelor's Master's Other:						
COURSE INFORMATION						
COURSE #	DEPT/SECTION	COURSE TITLE		UNITS	INSTRUCTOR PERMISSION	FEE
						<u> </u>
Total Fee Submitted: \$						
PAYMENT METHOD						
Check/Money Order, made payable to CSUDH EXTENSION						
I AUTHORIZE THE USE OF MY: VISA MASTERCARD DISCOVER Note: Students will need to call the CCPE Registration Office at 310-243-3741 (Option 1) with their credit card information.						
 Note for Students Who Intend to Apply to CSUDH — "Non-matriculated undergraduate students who have the intention to matriculate may not exceed 24 units of 						
coursework through CSUDH CCPE. Non-matriculated graduate students who have the intention to matriculate may not exceed 9 units of coursework through Education."						
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REFUND POLICY Refunds are not automatic; you must file appropriate forms in the CSUDH CCPE Registration Office 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 canceled, the entire fee will be refunded. If you withdraw after the first class and before 25% of the course has elapsed, 65% of the total fee will be refunded. After 25% of the course time has						
elapsed, no refund will be made; however, a <i>drop form must still be filed</i> . Stop payments on checks are NOT an acceptable withdrawal from the course(s) and will result in a financial penalty.						
acceptable withdrawal from the course(s) and will result in a illiancial penalty.						
OFFICE U SEMESTE						
		: Date:	Total Fees: _	E	ntered by Initial:	

For more information call the CSUDH College of Continuing & Professional Education: (310) 243-3741 (Option 1).