



Division of Extended Education Registration Form

Instructions

Use this form to register for all courses **except** Open University. First, read our registration information, including our refund policy. Please Note: Some classes have limited seating and others require minimum enrollments. *Register early to ensure your place!*

By Mail

(Checks/money orders only [no cash], payable to Cal State L.A.)

Print out this form and mail it to:

Division of Extended Education
Cal State L.A.
5151 State University Drive
Los Angeles, CA 90032-8524

Credit Card Payments

To pay by credit card (VISA or MasterCard only), call, fax, mail, or deliver your registration directly to Extended Education.

Fax (323) 343-4954
Phone (323) 343-4900
Mail Extended Education
Golden Eagle, Room 211
Cal State L.A.
5151 State University Drive
Los Angeles, CA 90032-8619

In Person

(Checks/money orders only, payable to Cal State L.A.)

Print out the form and bring it to the Cashier's Office.

Monday to Thursday: 8:00 a.m. to 6:00 p.m.
Friday: 8:00 a.m. to 4:00 p.m.



California State University, Los Angeles • Division of Extended Education Registration Form
5151 State University Drive, Los Angeles, CA 90032-8619
Please Print

Quarter _____ Year _____

Call #	Dept/Course No.	Section	Item Type	Units	Course Title	Fee

For Cashier's Use Only

Student signature _____ Date ____/____/____ Gender M F TOTAL \$ _____

CIN # _____ Previous SID # _____ Birthdate ____/____/____

Last name _____ First name _____ List other name(s) at CSULA _____

Street address _____ City _____ State _____ Zip _____

E-mail address _____ Day telephone (____) _____ Evening (____) _____

Payment (please check one) Cash Check/Money order MasterCard VISA

Save time! Fax your registration to (323) 343-4954. Cal State L.A. provides reasonable accommodations to students with disabilities.

California State University, Los Angeles • Division of Extended Education • Payment Authorization

Name _____ Last _____ First _____ M.I. _____ CIN # _____ Previous SID # _____

Credit card number _____ - _____ - _____ - _____ Expiration date _____ Amount \$ _____

Authorized card holder as printed on card _____ Authorized card holder's signature _____ Date ____/____/____

(Please print)

FORM # 300 (8/06)