| Term: Fall | Winter | Spring | Summer | 20 | _ | | |
|-------------------|------------------|-----------------|--|-------------|---------------|-------------------|--|
| | | Graduat | ge of Extended I e Studies Portfo redit Registrati | olio Course | | | |
| Coyote I | D# | | | | | | |
| L | ast Name | | First Name | | | Middle Initial | |
| Mailing Address (| Number, Street & | Apt. or P.O. Bo | x) | | | | |
| | City | | State | | | Zip Code | |
| Date of Birth | | | | | Email Address | | |
| Day Pho | one Number | | | | Evening P | Phone | |
| Class Title | | | Instructor | | Rank | Course Fee | |
| 995-Portfolio Co | ourse (0 units) | | | | | \$260 per quarter | |
| | | | | | | | |
| College & Dept. | | Grad | Graduate Major | | | (concentration) | |
| Approved By: | | | | | | | |
| | oorah Grijalva | | MPA Drogs | | r Signaturo | | |
| Name of MB. | A Program Coordi | ınator | MBA Program Coordinator Signature | | | Date | |

Payment & Registration Information

- ❖ Payment by mail: Attach check/money order to registration form and make payable to CSUSB Extended Learning. Write your CSUSB Coyote ID on your check or Money Order. Return Payment with this form to "CSUSB College of Extended Learning, 5500 University Pkwy, San Bernardino 92407-9984
- ❖ Payments made in Person: Bring signed registration form and payment to College of Extended Learning, Sierra Hall 134.
- ❖ Payments by phone: You may fax/ email registration form to 909-537-5907 fax. Once registration has been received you have 24 hours to call and pay course fees using a Visa, MasterCard, or American Express.
- Refunds: The course fee is non-refundable. Please make sure you have the appropriate approval prior to registering.