

Last Name _____ First Name _____ Middle _____

Please print clearly



TWO-PART FORM – PLEASE COMPLETE BOTH FORMS

Open University Registration Form

Semester: _____ Date: _____

CWID # (campus wide ID)

***If you do not have a CWID, or cannot remember it, please list the following:**

Social Security Number

____/____/____

Birthdate (mm/dd/yyyy)

Please mark your preferred number below:

Home Phone #

Mobile Phone #

Business Phone #

Extension

Street Address _____

City _____ State _____ Zip _____

Email Address _____

(For office use only)

CMS _____ CASHNET _____

Bio Updated PIN _____

Open University Code: _____

Univ./College Name: _____

Male Female

Important Note! (Please READ and SIGN for below items)

- Only the first 24 units of credit through Open University enrollment may count toward a bachelor's degree at CSUF. Courses taken through Open University cannot be used to fulfill any of the residence requirements (30 semester units) for a bachelor's degree at CSUF. For graduate degrees, normally 6-9 units of approved credits may apply, but for degrees requiring more than 30 units, more units of credit may apply. Consult the department graduate advisor.
- I acknowledge the refund policy for Open University enrollment.
- I meet the prerequisite(s), if any, for the classes listed below.

Student Signature _____

| Class Number | Credit Units | Grade Option (*) | Subject Area & Number (example: BIOL 101) | (1) UEE Academic Advisor Signature | (2) Instructor's Signature | (3) Department Stamp | Date | Fee |
|--------------|--------------|------------------|---|------------------------------------|----------------------------|----------------------|------|-----|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(*) Grade Option: Enter 1 for letter grade; enter 2 for CR/NC; enter 3 for audited classes.

[Signature & Stamp are valid for 7 days only]

Total Fees for Above Classes

Photo identification required for payment by credit card or check (payable to CSUF).

Cardholder Authorization

Last 4 Digits of Card Number Only _____

Print name of cardholder _____ Billing Zip Code _____

Cardholder Signature (Authorization to charge) _____

Bill my company. (Purchase order or letter of sponsorship must accompany registration form)

Student Private Loan. (Loan must be approved and certified before enrollment is complete. Student understands that if loan funds don't come through, the student will be liable to pay the fees.) _____ (student initials)

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, room 101, (657) 278-3117.

| | |
|---|-----------|
| Consolidated Course Fee | \$25.45 |
| Titan Card Activation Fee | \$4.07 |
| Late Fees <small>(Checks not accepted for late registration)</small> | |
| TOTAL FEES | \$ |

Enrollment is on a "space available" basis and is determined at the time of registration.

Please visit www.parking.fullerton.edu for parking fees and information. Semester parking permits are available for purchase online or at the Parking and Transportation office, T-1400 only.

Complete back of form →

| |
|----------------------------|
| For office use only |
| Received by: _____ |
| Date: _____ |

Open University Enrollment Application

PLEASE PRINT AND COMPLETE ALL INFORMATION.

 Last name First name Middle name CSUF Student ID or Social Security Number

A. All students must complete the following section:

Are you currently officially enrolled (matriculated) or authorized to enroll as a Cal State Fullerton student? **Yes** **No**

If yes, you are not eligible to enroll through Open University.

Did you attend, for at least three years, a high school or college in which English was the principal language of instruction?..... **Yes** **No**

If no, did you bring documentation of a TOEFL score over 500 (PBT) or 61 (iBT)?**Yes** **No**

All applicants, regardless of citizenship, who have not attended, for a least three years, a school at the secondary level or beyond in which English was the principal language of instruction, are required to score above the minimums on the Test of English as a Foreign Language (TOEFL) Verification of the TOEFL score must be presented when registering. See www.fullerton.edu/admissions/ProspectiveStudent/International.asp for more information.

Have you lived in the U.S. for the preceding three years?**Yes** **No**

If no, did you bring a Tuberculosis test verification? **Yes** **No**

All applicants who were born after January 1, 1957 must have proof of measles and rubella immunization, regardless of citizenship.

Were you born **after** January 1, 1957?**Yes** **No**

If yes, have you been immunized against measles and rubella? **Yes** **No**

Citizenship status: U.S. Citizen Non-U.S. Citizen (If non-U.S. citizen, complete section B.)

B. Non-U.S. Citizens must complete the following section:

1. **Student visa holders:** University Extended Education is authorized to enroll F-1 and J-1 visa holders who can establish that they are maintaining their respective non-immigrant status with their sponsoring universities or institutions. University Extended Education does not issue form I-20 or form DS-2019; therefore, Open University students are not considered to be full-time matriculated students for immigration purposes.

2. **Documents:** be prepared to present the applicable documents when you register.

a) Immigrant status: I-551 Alien Registration Receipt Card No. _____

b) Refugee or asylum applicant status: copy of the I-94 document. Admission No. _____

c) Other non-immigrant status: Visa type: _____
 Admission No. _____ Passport No. _____

d) Student status: F-1 or J-1 visa and your passport. You are required to have the foreign student adviser at your sponsoring university/college sign your adjunct enrollment registration form.

To be completed by **Designated School Official (DSO)** for **F-1** or **J-1** Visa students only

| | |
|--|---------------------------------|
| Student status: F-1 Visa, SEVIS ID# _____ or J-1 Visa, SEVIS ID# _____ | |
| Passport No. _____ | |
| At what university/college are you enrolled? _____ Number of Units _____ | |
| Authorization by the DSO at that university/college is required: | |
| Advisor's name (<i>print or type</i>) _____ | Advisor's signature _____ |
| Date _____ | Phone _____ Email address _____ |

C. Application Certification

I certify that the information in section A and, if appropriate, section B is true and correct.

 Signature

 Date

First Name

Last Name