



Distributed Learning and Extended Education (DLEE)

DLEE Registration Form

☐ CSUMB Extended Education

☐ Open Enrollment

Fax: 831-582-3741

Mail: CSUMB Cashier
100 Campus Center
Seaside, CA 93955-8001

Winter
Spring
Summer
Fall

Student Information

Social Security Number _____ Circle Term _____ Year _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ M F _____ Email Address _____

Daytime Phone _____ Evening Phone _____ Fax _____

Student Signature _____ Date _____

Course Information

For disability accommodations, see page 1.

Status (Office Only)	CRN No. (Required)	Dept.	Course No.	Section	Units	Instructor's Signature	DLEE Fee
						Total Units	Additional Fee
							Total DLEE Fee

Cashier's Stamp

Units Paid _____

CSUMB Office Use Only

Name _____

Date Entered _____

Payment

☐ Check made payable to CSUMB/DLEE for \$ _____

☐ Credit Card (please circle): Visa MasterCard Discover American Express

I hereby authorize CSUMB to charge the following amount: \$ _____

Credit Card Number _____ Expiration Date _____

Cardholder name as printed on credit card _____

Cardholder's signature (required) _____

Daytime Phone _____ Message phone _____