## Bakersfield City School District The Advisory Bulletin

To: Principals, Participating BTSA Teachers, Grades K-8	Date: 4/19/07	No. 070528
Subject: BTSA/CSUB Units Process		
Prepared By: Valerie Saylor, Supervisor I, New Teacher Suppor	t	
Approved By: Dr. Ruth Holton, Assistant Superintendent, Instru	iction	Page 1 of 2

## CSUB UNITS PROCESS FOR CFASST WORK IN BTSA

The process for buying California State University, Bakersfield Extended University units for your California Formative Assessment and Support System for Teachers (CFASST) work through BTSA is as follows:

- Anyone who has completed a year of CFASST work (whether clearing your credential through BTSA or not) can purchase 4 quarter units through California State University, Bakersfield. You may purchase 4 units at the end of Year One, and another 4 at the end of Year Two, or you may purchase all 8 at the end of Year Two. Support Providers are eligible for 4 units per year with a maximum of 2 years. The fee is \$45 per unit, making one year of CFASST \$180 and two years \$360. Purchasing of units is offered to participants as an option, if you are not interested, please disregard this notice.
- If you would like to purchase units, fill out the attached registration form and return to Dee Dee Harrison, Program Specialist, New Teacher Support. <u>DO NOT send anything directly to CSUB</u>. Include payment with your registration form. You may pay by credit card or with a check made payable to CSUB Extended University. You may choose to hand carry your registration to Dee Dee Harrison, New Teacher Support at the Education Center, or you may send through District mail. If you are sending through District mail, you will receive an e-mail confirmation that your registration has been received.
- After you have registered, there will be a CFASST materials check. These materials checks
  will take place on eight different dates (registration information in TAB), so you will have
  plenty of opportunity to have your materials checked for completion. If your CFASST work
  is done for the year(s) that you are purchasing units for, CSUB will be notified and you will
  receive the units on your transcript. Support providers who are buying units need to
  contact Valerie Saylor for requirements as you do not have a CFASST materials check.
- Units post in June. It is the responsibility of the BTSA Participant/Support Provider to order a transcript and submit to BCSD Personnel.
- A registration form is attached.

Please contact Dee Dee Harrison at <a href="mailto:harrisonj@bcsd.com">harrisonj@bcsd.com</a> or 631-4651 if you have any further questions.

The deadline for submitting registration with payment to Dee Dee Harrison is April 30<sup>th</sup>. Forms received after this date will be returned to sender.



## **REGISTRATION FORM**

PH. 661-654-2441 FX. 661-654-2447 http://www.csub.edu/eud

Payment must acco	mpany regis	tration form.	_	Today's Date (M	M/DD/YYYY):		
Term: Fall Winter		Summer	Sex:  Male  Female	U.S. 0	Citizenship: Yes	□No	
Spring		Year	CSUB ID# (new students use	SSN#):			
Date of Birth			Where is your permanent reside	ence?   California	Out of State	Foreign	
ast Name			First Name		M.I.		
Address - Number a	and Street						
darood Hamber	and otroot						
City			State	Zip	Count	y of Residence	
f the above is a new	w address pl	ease check box	and sign	Phon	e Number:		
Highest class level please circle)	achieved or	degree obtained:	(0) No prior college (3) Junior (90-135 units) (6) Master's Degree	(1) Freshman (0-44 units) (4) Senior (135 or more uni (7) Doctoral Degree	(2) Sophomore (4 ts) (5) Bachelor's de		
lave you ever beer	n a student a	at CSUB? TYes	☐ No Where did you learn a	bout Extended University (	Courses?  Flyer	☐ Tradeshow ☐ CSUB Website	
1 - Amei 2 - Black 3 - Mexi A - Cent B - Sout Q - Cub P - Puer	rican Indian ( k, non-Hispa can America ral Americar h American an to Rican r Latino, Spa	anish-origin, Hispar	ribe In American O In American O In American O In American O In Jupanese In Angel In	V - Vietnamese T - Thai S - Other South G - Guamanian H - Hawaiian N - Samoan 6 - Other Pacific	9 - Na D - De	hite Iipino	
For Office Only	CRN	Dept.	Course No.	Course Title	Instruct	tor Units	Cost
pregnancy, or se learnign disabilit with Disabilities	xual orient ies will be (661-654-3	ation in the edu given the necess 360).	discriminate on the basis of race cational programs or activities i ary accommodations provided t ercard Check Money Ord	t conducts. Students adm	uffed to the progran	n with physical, perc Office of Services for	entual, or
Card #:			Authorized Signature:		Expira	ation Date:	
Lagree to abide by the a	tended Universi	ent & refund policies gov ty to change my record, i	eming these courses as printed in the CSUB (f necessary, to reflect the above information.	Catalog. If my payment by check or c	redit card is not paid by the ba	ank, I am still responsible for a	all course ccording to
Signature					Date		
	Fees Paid	: Date:	Received from:	Received by:	Receip	pt #:	