

UNIVERSITY OF THE PACIFIC

Date Registered: _____ Sex: ___M ___F D.O.B. _____

Social Security#: _____ Pacific ID# (If Applicable) _____

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email*: _____

*Required for ONLINE Courses

If enrolling in a childrens' course, parent(s) name(s): _____

Are you disabled and require reasonable accommodations? ___ Y ___ N (If yes, please describe your needs on the reverse of this form)

Occupation: _____ Type of Business: _____

Are you a U.S. Citizen? ___ Y ___ N Non-U.S. Citizens please list country: _____

Are you a current PACIFIC student? ___ Y ___ N Anticipated date of graduation: _____

Have you previously enrolled for extension courses at Pacific? ___ Y ___ N Year/Semester Attended: _____

Highest Degree Received: _____

Ethnicity (optional): ___ African American ___ Asian/Pacific Islander ___ Hispanic ___ Native American ___ White/Non-Hispanic
 ___ Other _____

PACIFIC STUDENTS - IMPORTANT!

You must check this box and sign below to indicate that you have a clear understanding of Pacific's Overload Policy, as well as any and all limitations and policies regarding the use of EXTENSION units toward your degree. NOTE: Each school or college within the University of the Pacific has different policies regarding the use of extension units toward undergraduate degrees. For clarification of these policies, please contact your school or college.

You must check this box to indicate you have read and understand CPCE's cancellation policy located on page 28.

SIGNATURE (REQUIRED): _____ Date: _____

Course Code	Course Title(s)	Date/Time	Units	Fee

Method of Payment: _____ Total Amount Enclosed or Authorized: \$ _____

___ Cash ___ Check# _____ ___ Student Account ___ Other: _____

___ Visa ___ MasterCard ___ Discover Card ___ American Express

Make Checks payable to PACIFIC/CPCE. There will be a \$25 charge for all declined checks returned for insufficient funds.

Card #: _____ Exp. Date: _____

Authorizing Signature: _____

Fax form with payment info to: 209-946-3916 or mail form with payment to:
 Center for Professional & Continuing Education, University of the Pacific, 3601 Pacific Avenue, Stockton, CA 95211

FOR OFFICE USE ONLY

Registration received by: _____ Via Phone: Fax: Mail: In Person: Date: _____