

# 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

Total Amount Enclosed or Authorized: \$

Method of Payment: \_\_\_\_\_

\_\_\_ 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: \_\_\_\_\_