

UNIVERSITY OF THE PACIFIC



In Person:
Pacific Campus Burns
Tower 5th Floor



By Mail:
University of the Pacific
Attn: CPCE
3601 Pacific Ave.
Stockton, CA 95211



By FAX:
209.946.3916

By Phone:
209.946.2424 or
800.959.5376



Date: _____ Sex: M F D.O.B.: _____

Social Security#: _____ Pacific ID# : _____

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email*: _____
*Required

Day Phone: _____ Evening Phone: _____

Are you a current PACIFIC student? Y N Anticipated graduation year: _____

Have you previously taken a CPCE course? Y N Pacific Alumni? Y N

How did you hear about the course? _____

PACIFIC STUDENTS - IMPORTANT!

You must check this box and sign below to indicate that you have a clear understanding of Pacific's Overload Policy, Cancellation 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.

SIGNATURE (REQUIRED): _____ Date: _____

Course Title(s)	Date	Fee
Total Amount Enclosed or Authorized:		\$

Method of Payment:

Cash Check# _____ Student Account
 Visa MasterCard Discover Card Amex

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

Card #: _____ Exp. Date: _____

Authorizing Signature: _____

FOR OFFICE USE ONLY
Registration received by: _____ Date: _____