

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

Social Security #: _____ Sex: M F D.O.B.: _____ Date: _____

Pacific I.D.# : _____ Email Address: _____
*Required

Last Name: _____ First Name: _____

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

Day Phone: _____ Evening Phone: _____

Occupation: _____ Type of Business: _____

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

Have you previously enrolled for extension courses at Pacific? Y N

How did you hear about the course? _____

Course Code/ Title	Date	Fee
Total Amount Enclosed or Authorized:		\$ _____

Method of Payment
<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Student Account <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> Other: _____
Card #: _____
Exp. Date: _____
_____ Authorizing Signature
Make Checks payable to PACIFIC/CPCE. There will be a \$25 charge for all declined checks returned for insufficient funds.

PACIFIC STUDENTS - IMPORTANT!
<input type="checkbox"/> 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: For Policy clarification, please contact your school or college.
<input type="checkbox"/> You must check this box to indicate you have read and understand CPCE's cancellation policy.
SIGNATURE (REQUIRED): _____
Date: _____

FOR OFFICE USE ONLY
Registration received by: _____ Via Phone: <input type="checkbox"/> Fax: <input type="checkbox"/> Mail: <input type="checkbox"/> In Person: <input type="checkbox"/> Date: _____