

Office Use Only:
First-time Undergraduate/Unclassified
TERM: Summer Session II, _____



Center for Professional & Continuing Education
Substance Abuse Counselor Certificate Program
Application

Please type or print clearly in ink. Items marked with an * must be completed for admission.

*SS#: _____ Term/Year: _____

*Name: _____
Last First Middle Initial

*Permanent Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ *Phone (cell or other) _____

*Email Address: _____

Required – print clearly!

*Birth date: _____ Gender: Male ___ Female ___ *US Citizen: Y ___ N ___

Previously attended Pacific?: Y ___ N ___ Degree? ___/___ (month/year)

* Choose *one option only*. SACCP Online _____ SACCP Classroom _____

How did you hear about our program? _____

Party or Parties Responsible for Payment: _____

Address: _____

Please Print Clearly

City: _____ State: _____ Zip: _____ Phone: _____

Contact Name: _____ Email: _____

Cancellations/Refunds

In-sear classes: All cancellations must be made in writing at least three business days prior to the *first* day of the course. A \$10.00 processing fee will be deducted for each canceled course. If written cancellation is not received prior to three days, no refund will be granted. Application and administrative fees are non-refundable.

Online classes: No refund will be allowed for a class once the class opens and you have been allowed access. You must otherwise follow the cancellation policy as stated above.

*Student Signature: _____

Your signature signifies you understand the cancellation policy as listed above.

Office Use Only: Received by _____ Date _____

College(s) attended:

(Name) (City/State) (Dates of Attendance)

(Name) (City/State) (Dates of Attendance)

High school attended:

(Name) (City/State) (Dates of Attendance)

Which did you earn? High School Diploma _____ GED _____
(Month/Year/State)

Please list in chronological order your history of employment:

1. _____
(Agency/Company) (Title) (Dates)

(Responsibilities)

2. _____
(Agency/Company) (Title) (Dates)

(Responsibilities)

Application check-list:

- _____ ***Completed application***
- _____ ***\$50 application fee***
- _____ ***250 word essay***
- _____ ***2 Letters of Reference***

Note: Two letters of reference, a 250 word essay, and a \$50 application fee must accompany this application form. Upon processing this application, you will receive a letter detailing the steps necessary to complete enrollment in the program. Please complete both sides of the application in full.

Amount: _____

Check No: _____

Master Card _____ Visa _____ American Express _____ Discover _____

Card Number: _____ Exp. Date _____

Cardholder signature: _____

Print cardholder name clearly: _____

Signed: _____ Date: _____

Submit completed application along with all other required materials to:

**Substance Abuse Counselor Certificate Program
University of the Pacific
Center for Professional and Continuing Education
3601 Pacific Avenue
Stockton, CA 95211**