



Transfer Student Family Orientation

NOTE: If you have not yet registered for our Family Program please do so by completing this form in its entirety and mailing to the address noted below.

Student's Name (**Last, First**)

Student's ID # (988...)

_____ #1 Family Member Name (Last, First)	Please print	_____ #2 Family Member Name (Last, First)	
_____ Address		_____ Address (if different)	
_____ City, State & Zip Code		_____ City, State & Zip Code (if different from Family member #1)	
() _____	() _____	() _____	
Home Phone	Work Phone	Home Phone (if different)	Work Phone
_____ Email address for confirmation		_____ Email address for confirmation (If different)	

Please see reverse side of this form for additional family members registering. We highly discourage family members younger than 17 years of age from attending due to planned activities.

Cost for each family member attending orientation is \$25.00; please include payment in the form of check or money order with this registration form and mail to:

University of the Pacific
Office of New Student & Family Programs
McCaffrey Center 2nd floor
3601 Pacific Ave.
Stockton, CA 95211

Refund requests received less than 2 weeks prior to the session will not be processed

_____		_____	
#3 Family Member Name (Last, First)		#4 Family Member Name (Last, First)	
_____		_____	
Address (if different)		Address (if different)	
_____		_____	
City, State & Zip Code (if different)		City, State & Zip Code (if different)	
() _____	() _____	() _____	() _____
_____	_____	_____	_____
Home Phone (if different)	Work Phone (if applicable)	Home Phone (if different)	Work Phone (if applicable)
_____	_____	_____	_____
Email address for confirmation (If different)		Email address for confirmation (If different)	

Office Use Only:

_____	_____	_____	_____	_____
Date Received	Date Entered	Payment Received	Session	S. Last Initial