PLEASE COMPLETE FORM & PRINT CLEARLY UNIVERSITY OF THE PACIFIC

| Number of Semester Units of Credit | ☐ CHECK ENCLOSED - PAYABLE TO UNIVERSITY OF THE PACIFIC | | |
|---|---|---|---|
| Signature | □ VISA OR MASTERCARD NUMBER | | 1851 |
| REGISTRATION FORM REGISTRATION FORM Highest Degree earned From Previously enrolled in Professional Development from UOP? YES NO District: (NO Abbreviations) COURSE NUMBER: AREA CODE & PHONE NUMBER BIRTH DATE NAME AREA CODE & PHONE NUMBER BIRTH DATE NAME ADDRESS REGISTRATION FORM for graduate participants who are NOT pursuing an advanced degree at UOP. Acceptable where local districts approve and applicable to state licensing where authorized. Tuition fees are nonrefundable. UOP is fully accredited by WASC. VID* VID* Please enroll me in: Number of Semester Units of Credit Fee Per Unit Tuition Submitted \$ 62 | EXPIRATION DATE: Charge \$ to my credit card. | | |
| Highest Degree earned From PLEASE TYPE, OR PRINT NEATLY WITH A DARK BLACK OR BLUE PEN Previously enrolled in Professional Development from UOP? YES NO PLEASE TYPE, OR PRINT NEATLY WITH A DARK BLACK OR BLUE PEN District: | nom aturno | for graduate participants degree at UOP. Accept applicable to state licen | s who are NOT pursuing an advanced table where local districts approve and using where authorized. Tuition fees are |
| District: (NO Abbreviations) COURSE NUMBER: COURSE TITLE: AREA CODE & PHONE NUMBER BIRTH DATE Number of Semester Units of Credit FIRST ADDRESS CITY STATE ZIP WITH A DARK BLACK OR BLUE PEN Enrollment Date Completion | REGISTRATION FORM | nonrefundable. UOP is fu | Ily accredited by WASC. |
| COURSE NUMBER: COURSE TITLE: AREA CODE & PHONE NUMBER BIRTH DATE NAME NAME LAST ADDRESS CITY STATE ZIP (NO Abbreviations) COURSE TITLE: Please enroll me in: Number of Semester Units of Credit Fee Per Unit Tuition Submitted \$ 62 | | | |
| COURSE NUMBER: COURSE TITLE: AREA CODE & PHONE NUMBER S.S.# HM: WK: NAME ADDRESS ADDRESS CITY STATE ZIP COURSE TITLE: Please enroll me in: Number of Semester Units of Credit Fee Per Unit Tuition Submitted \$ 62 | | | Enrollment Date Completion Date |
| S.S.# HM: | , | TLE: | |
| S.S.# HM: | EDUP | | |
| ADDRESS CITY STATE ZIP Unit Tuition Submitted \$ | S.S.# HM: WK: | BIRTH DATE | Please enroll me in: Number of Semester Units of Credit |
| CITY STATE ZIP Submitted \$ | | M.I. | Fee Per Unit \$ 62 |
| E-mail Address (Required): | CITY STATE ZIP | | Tuition Submitted |
| | | E-mail Addr | ess (Required): |

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