PLEASE COMPLETE FORM & PRINT CLEARLY

UNIVERSITY OF THE PACIFIC

THIS FORM VOID IN OHIO

Attach Your Check Here or provide credit card information.

☐ CHECK ENCLOSED - PAYABLE TO UNIVERSITY OF THE PACIFIC

☐ VISA OR MASTERCARD NUMBER — ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

EXPIRATION DATE: ☐☐ - ☐☐ Charge $_____ to my credit card.
"Required to Process" month year

Signature_____
($25 fee for returned checks/declined credit cards.)

Post-baccalaureate semester units of credit from University of the Pacific, Center for Professional & Continuing Education. Professional Development Courses are 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.

REGISTRATION FORM

PLEASE PRINT NEATLY WITH A DARK BLACK OR BLUE PEN

KAE

Highest Degree earned _____ From _____

Previously enrolled in Professional Development from UOP? YES ☐ NO ☐

Leave dates blank

Enrollment Date	Completion Date
/ /	/ /

Name of school:_____ District:_____

COURSE NUMBER: P E D U

COURSE TITLE:

Earth Explore

S.S. #

AREA CODE & PHONE NUMBER
HM:
WK:

BIRTHDATE

NAME
LAST FIRST M.I.

ADDRESS

CITY STATE ZIP

Home E-mail Address

Please enroll me in:

Number of Semester Units of Credit.....

Fee Per Unit..... $

Tuition Submitted.... $

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Cost per semester unit $93

Cut Here