

1. Print form vertically (portrait direction). Fill in Completely.
2. Cut along dotted lines.
3. Mail to: Jerry Kjeldgaard/Coordinator University of the Pacific
981 Sierra Madre Drive
Salinas, CA 93901

MARTELLA PRINTING (831) 757-3995

TEACHERS KEEP PINK COPY

981 SIERRA MADRE DR., SALINAS, CA 93901

U. O. P. JERRY KJELDGAARD (831) 783-1937



PLEASE COMPLETE FORM & PRINT CLEARLY
UNIVERSITY OF THE PACIFIC

THIS FORM
VOID IN OHIO

→Seminar Date _____

→City / State _____

Attach Your Check Here
or provide credit card information.

CHECK ENCLOSED - PAYABLE TO UNIVERSITY OF THE PACIFIC

VISA OR MASTERCARD NUMBER _____ - _____ - _____ - _____

EXPIRATION DATE: - month year Charge \$ _____ to my credit card.

Signature _____
(\$25 fee for retruned 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

Highest Degree earned _____ From _____

Previously enrolled in Professional Development from UOP? YES NO

PLEASE PRINT NEATLY
WITH A **DARK** BLACK OR BLUE PEN



Enrollment Date	Completion Date
02/01/20	05/15/20

COURSE NUMBER:

COURSE TITLE:

P E D U 9 2 7 7

Just Run Part 4

S.S. # _____ HM: _____ BIRTHDATE _____
 WK: _____
 NAME _____ MI _____
 LAST FIRST

AREA CODE & PHONE NUMBER _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

E-mail Address (Optional): _____

Please enroll me in:

Number of Semester Units of Credit.....

Fee Per Unit..... \$ 80

Tuition Submitted.... \$ 320