

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.  
"Required to Process"

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
2 / 1 / 19	5 / 15 / 19

**COURSE NUMBER:**

**COURSE TITLE:**

**P E D U** 9 2 5 8

Just Run Part 1

S.S. # \_\_\_\_\_ HM: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
WK: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MI

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