

Certificate Registration Form

PLEASE TYPE OR PRINT CLEARLY.

Forms may be photocopied for additional enrollments, please photocopy the entire form.

I wish to register for the Professional Specialized Proficiency Grad/Undergrad

Mail To ▶ Student Services
University of California, San Diego
Extension,
9500 Gilman Dr., Dept. 0176-H
La Jolla, CA 92093-0176

Fax Number: (858) 534-8527

Phone Numbers ▶ (858) 534-3400 (La Jolla)
(619) 260-3070 (Mission Valley)
(858) 534-9999 (University City Center)

NAME OF PROGRAM	CERTIFICATE ID	FEE
		\$

STUDENT ID

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

() - () -
CITY STATE ZIP

PHONE NUMBER ALTERNATE PHONE NUMBER

EMAIL ADDRESS

Payment method (Check One)

Cash/Check Visa MasterCard Discover American Express EXP. DATE ____/____/____
(Payable to UC Regents)

ACCOUNT NO. AUTHORIZING SIGNATURE

Purchase Order (Must Be Attached)

EMPLOYER NAME

DIVISION/DEPARTMENT PHONE

ADDRESS

CITY STATE ZIP