

Mail-In Enrollment Form for Check or Money Order

Please print clearly

Reg#	COURSE TITLE AND NUMBER	CREDIT STATUS	FEE
Please provide 6 digit Reg#		Courses required for certificate program curriculum must be taken for a letter grade.	
		<input type="checkbox"/> 1. For Credit-Letter Grade <input type="checkbox"/> 2. For Credit-S/U <input type="checkbox"/> 3. Not For Credit <input type="checkbox"/> 4. CEU <input type="checkbox"/> 5. Do Not Record	\$
		<input type="checkbox"/> 1. For Credit-Letter Grade <input type="checkbox"/> 2. For Credit-S/U <input type="checkbox"/> 3. Not For Credit <input type="checkbox"/> 4. CEU <input type="checkbox"/> 5. Do Not Record	\$
		<input type="checkbox"/> 1. For Credit-Letter Grade <input type="checkbox"/> 2. For Credit-S/U <input type="checkbox"/> 3. Not For Credit <input type="checkbox"/> 4. CEU <input type="checkbox"/> 5. Do Not Record	\$
		<input type="checkbox"/> 1. For Credit-Letter Grade <input type="checkbox"/> 2. For Credit-S/U <input type="checkbox"/> 3. Not For Credit <input type="checkbox"/> 4. CEU <input type="checkbox"/> 5. Do Not Record	\$
		<input type="checkbox"/> 1. For Credit-Letter Grade <input type="checkbox"/> 2. For Credit-S/U <input type="checkbox"/> 3. Not For Credit <input type="checkbox"/> 4. CEU <input type="checkbox"/> 5. Do Not Record	\$
TOTAL FEES			\$

Are you a current or returning student? Yes. No. If yes, please provide your student ID: _____

NAME (FIRST/MI/LAST)* _____

BIRTHDATE (MO/DAY/YR)* _____

MAILING ADDRESS* _____

CITY/STATE/ZIP* _____ COUNTRY/POSTAL CODE* _____

() _____

DAYTIME PHONE: AREA CODE/PHONE NUMBER* _____

EMAIL ADDRESS* _____

* Required field.

Check here to receive email notices of upcoming events and specials from UCLA Extension. How may we contact you: email, telephone, mail, or all of these: _____

In order to provide you with a continually improving selection of courses, we ask for the following voluntary information. Data collected is known only to our staff in a summary statistical form.

Highest Educational Level Attained:

(If your formal education was completed outside the U.S., please check the box that best describes equivalence.)

- | | | |
|---|--|---|
| <input type="checkbox"/> High School in Progress | <input type="checkbox"/> BA/BS/Other Bachelor's Degree | <input type="checkbox"/> PhD |
| <input type="checkbox"/> High School Graduate/GED | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> AA/Associate in Arts | <input type="checkbox"/> JD/MD/Other Professional Degree | <input type="checkbox"/> Decline to State |

Ethnicity/Race:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino/Chicano | <input type="checkbox"/> 2 or More of the Categories Listed Here |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Pacific Islander/Hawaiian | |

Eligibility for discounts will be determined based on the postmark date on the envelope. If payment is due, please include a check or money order payable to: *The Regents of UC.*

NOTE: There is a \$30 charge for returned checks. A \$30 administrative fee is withheld from each course for which you request a refund unless the course is canceled, discontinued, rescheduled, or has a special refund policy.

Mail the enrollment form to:
 Department K
 UCLA Extension
 P.O. Box 24901
 Los Angeles CA 90024-0901