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.**	
☐		☐ 1. For Credit–Letter Grade ☐ 2. For Credit–S/U ☐ 3. Not For Credit ☐ 4. CEU ☐ 5. Do Not Record	$
		☐ 1. For Credit–Letter Grade ☐ 2. For Credit–S/U ☐ 3. Not For Credit ☐ 4. CEU ☐ 5. Do Not Record	$
		☐ 1. For Credit–Letter Grade ☐ 2. For Credit–S/U ☐ 3. Not For Credit ☐ 4. CEU ☐ 5. Do Not Record	$
		☐ 1. For Credit–Letter Grade ☐ 2. For Credit–S/U ☐ 3. Not For Credit ☐ 4. CEU ☐ 5. Do Not Record	$
		☐ 1. For Credit–Letter Grade ☐ 2. For Credit–S/U ☐ 3. Not For Credit ☐ 4. CEU ☐ 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: _____

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.

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.)

☐ High School in Progress   ☐ BA/BS/Other Bachelor's Degree   ☐ PhD
☐ High School Graduate/GED   ☐ Master's Degree   ☐ Other _____
☐ AA/Associate in Arts   ☐ JD/MD/Other Professional Degree   ☐ Decline to State

Ethnicity/Race:

☐ Asian   ☐ Hispanic/Latino/Chicano   ☐ 2 or More of the Categories Listed Here
☐ Black/African-American   ☐ Native American/Alaska Native   ☐ Decline to State
☐ White   ☐ Pacific Islander/Hawaiian

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