

ENROLLMENT FORM

Please use given name: Mary Jones – not Mrs. John Jones.

Have you previously taken an Extension course? Yes No

Social Security Number / Student I.D.

Name Date of Birth *(to avoid duplicate records)*

Address

City State ZIP+4

Day Phone Message Phone

E-mail Address *(primary)* *(secondary)*

Employer Position *(if teacher, list grade level)*

Are you a U.S. Citizen? Yes No If no: Permanent Resident Type of VISA _____
(International student fees may apply.)

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Section:	DEPT. and NO.	TITLE	FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EVENING PARKING PERMIT (3-10 pm weekdays, all day weekends — Extension lots only) Full Quarter Yes, I want an evening/weekend permit.
IMPORTANT: Permit will be held at the Student Services registration desk for pickup prior to first night of class. No refunds after the second week of the quarter.
Fee is \$37.50 per quarter.

Charge to VISA/MasterCard Number Expiration Date

Name and Address of Cardholder *(if different from above)*

Signature

I have enclosed \$ _____ for _____ enrollment(s) and a parking permit.

MAIL TO: UCR Extension, 1200 University Ave., Riverside, CA 92507-4596

Make check(s) payable to Regents-UC. Please duplicate this application for EACH enrollee. Room assignments will be posted in the lobby of the UC Riverside Extension Center.

IF YOU ARE ENROLLING BY MAIL, RETURN EITHER THE ORIGINAL OR A PHOTOCOPY OF THIS ENTIRE PAGE.



4 ways to enroll

- ONLINE:** www.extension.ucr.edu
- PHONE:** (951) 827-4105
(760) 834-0997
Toll-free: (800) 442-4990
- MAIL:** Enrollment Form (see this page)
- IN PERSON:** 1200 University Ave. Riverside, CA