

Three ways to submit this form:

In-person -  
1776 W. March Lane Suite 290  
Stockton, CA 95207

Mail -  
3601 Pacific Ave.  
Stockton, CA 95211

Fax -  
209.946.3916

**Questions? 209.946.2424**

Benerd College  
Offline Registration Form

Sex:  M  F D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

Pacific ID# : \_\_\_\_\_

Email\*: \_\_\_\_\_  
\*Required

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Are you a current PACIFIC student?  Y  N

Anticipated date of graduation: \_\_\_\_\_

Have you previously enrolled for extension courses at Pacific?  Y  N Pacific Alumni?  Y  N

How did you hear about the course? \_\_\_\_\_

Course Code/ Title	Date	Fee
Total Amount Enclosed or Authorized:		\$ _____

Method of Payment
<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> Other: _____ Card #: _____ Exp. Date: _____ _____ Authorizing Signature Make checks payable to "UOP" There will be a \$25 charge for all declined checks returned for insufficient funds.

PACIFIC STUDENTS - IMPORTANT!
<input type="checkbox"/> You must check this box and sign below to indicate that you have a clear understanding of Pacific's Overload Policy, as well as any and all limitations and policies regarding the use of EXTENSION units toward your degree. NOTE: For Policy clarification, please contact your school or college. <input type="checkbox"/> You must check this box to indicate you have read and understand the cancellation policy. SIGNATURE (REQUIRED): _____ Date: _____