

# 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 \$35.

\_\_\_\_\_  
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](http://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