



ENROLLMENT FORM
UCSC EXTENSION SILICON VALLEY

FOR CREDIT/DEBIT CARD PAYMENT

NOTICE: Extension is unable to accept checks or cash payments at our Santa Clara facility.

ENROLL ONLINE

ucsc-extension.edu

ENROLL BY FAX

FAX: (408) 342-0164

ENROLL BY MAIL

UCSC EXTENSION SILICON VALLEY
Attention: Registration
2505 Augustine Drive, Suite 100
Santa Clara, CA 95054

ENROLL BY PHONE

(408) 861-3700

Check here if you are a UCSC employee. Employee ID number _____

Please Print

Mr./Ms. _____ Birthdate _____
Last Name First (given) Middle

Social Security No. _____ Daytime Phone _____ Home Phone _____
(Provide if using tuition for tax credit.) Area Area

Home Address _____
Street City State Zip Code

Occupation _____ E-mail Address _____
(May be used to announce programs from UCSC Extension Silicon Valley)

Course Title	Course Number	Start Date	Fee
All fees must be paid at the time of enrollment			TOTAL

Charge to:

VISA MasterCard American Express Discover

Credit card billing street address and zip code if different from student address:

_____ Street City State Zip Code

Card Number _____ Expiration Date _____ CVC Code _____

Authorizing Signature _____ First-Time Enrollment

This form is for CREDIT/DEBIT CARD PAYMENTS ONLY.

For disability accommodations, call (408) 861-3700. Two weeks advance notice requested.

