UC Santa Cruz Extension in Silicon Valley

ENROLLMENT FORM
WORKFORCE INVESTMENT BOARD STUDENT
UNIVERSITY OF CALIFORNIA EXTENSION, SANTA CRUZ

Please fax enrollment form to Student Services at (831) 421-0344.

Student Name _____
As it will appear on your certificate Last First Middle

Address _____
Street City State Zip

Social Security # _____ E-Mail _____
Your SS# is used for identification and is held strictly confidential.

Daytime Phone _____ Home Phone _____

***Certificate Program** _____

COURSE TITLE	Course Number (under course description)	Start-End Dates	Staff Use
***Registration and certificate fees to be paid with initial enrollment**			
		TOTAL COST	

WORKFORCE INVESTMENT BOARD AUTHORIZATION:

WIB Agency Name _____

Case Manager's Name _____ Phone _____

E-Mail address _____ Fax _____

Case Manager's Authorization _____
(Not required if all classes are listed on approved program schedule) Signature Date

☐ Signed voucher/agreement already on file with UCSC Extension, 1101 Pacific Ave., Suite 200, Santa Cruz, CA 95060

☐ Signed voucher/agreement is being sent with this first enrollment

Copies to:
1—Student Services
2—Program Department
3—Case Manager/Student
(Please retain your copy)

11/23/2004