PLEASE COMPLETE FORM & PRINT CLEARLY

UNIVERSITY OF THE PACIFIC

THIS FORM VOID IN OHIO

→Seminar Date 10-22 to 10-23, 2021

→City / State FREMONT CA

Attach Your Check Here or provide credit card information.

☐ CHECK ENCLOSED - **PAYABLE TO UNIVERSITY OF THE PACIFIC**

☐ **VISA OR MASTERCARD NUMBER** — ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

EXPIRATION DATE: "Required to Process" ☐☐ (month) - ☐☐ (year) Charge $_____ to my credit card.

Signature _____

(S25 fee for retruned checks/declined credit cards.)

Post-baccalaureate semester units of credit from University of the Pacific, Center for Professional & Continuing Education. Professional Development Courses are for graduate participants who are NOT pursuing an advanced degree at UOP. Acceptable where local districts approve and applicable to state licensing where authorized. Tuition fees are nonrefundable. UOP is fully accredited by WASC.

REGISTRATION FORM

Highest Degree earned _____ From _____

Previously enrolled in Professional Development from UOP? YES ☐ NO ☐

PLEASE PRINT NEATLY WITH A **DARK** BLACK OR BLUE PEN

JKJ

Enrollment Date	Completion Date
10/22/21	10/23/21

COURSE NUMBER: EDUP 9123 (EDUP)

COURSE TITLE: Instructional Leadership

S.S. # ☐☐☐ ☐☐ ☐☐☐☐

AREA CODE & PHONE NUMBER

HM: ☐☐☐ ☐☐☐ ☐☐☐☐

WK: ☐☐☐ ☐☐☐ ☐☐☐☐

BIRTHDATE ☐☐ ☐☐ ☐☐

NAME

LAST _____ FIRST _____ MI ☐

ADDRESS _____

CITY _____ STATE ☐☐ ZIP ☐☐☐☐☐-☐☐☐☐

E-mail Address (Optional): _____

Please enroll me in:

Number of Semester Units of Credit..... ☐

Fee Per Unit..... $ 80

Tuition Submitted.... $