



Center for Professional Development
& Partnership Affiliate



COURSE REGISTRATION FORM

562.787.8690

To enroll and receive easy to follow Course Syllabus and assignments by direct US Priority Mail, complete this Registration Form and mail with tuition as per instructions at bottom of form. **Please print clearly.**

Date _____ Male Female

Name _____
Last First Middle

Social Security Number (Last 4 digits) _____ Birthdate _____
Month/Day/Year

Address _____
Street Apt. No.

City State Zip Code

Home Phone Number () _____ Cell Phone () _____

Email _____ Home Email _____

School Name _____ School District _____ Grade Level _____

Have you taken any other courses from Fresno Pacific University? Yes No Last degree earned _____

Course #	Course Title	Units	Instructor
		3	MILLS

Student Signature _____ Paying Tuition By: Check Credit Card

If paying tuition by check, please make check payable to **Fresno Pacific University**. If paying tuition by credit card, please charge my credit card. (\$450 per 3 unit course)

Instructor Validation

Charge My Visa Master American Express Discover

_____ Card # _____ - _____ - _____ - _____
Amount Paid Date Initials CVC Code Expiration Date

Check # _____ Signature of Card Holder _____

Mail Completed Registration Form Including Tuition To:
 Michael Mills, Courses4Educators, 4629 East Ocean Blvd., Long Beach, CA 90803-3110