Center for Professional Development
1717 S. Chestnut Ave.
Fresno, CA 93702
1.800.372.5505
559.453.2015
profdev@fresno.edu
www.fresno.edu/cpd

REGISTRATION FORM

Date _____

PLEASE PRINT

❒ Male ❒ Female

Name _____
last first middle

Social Security Number _____ Birth Year _____
last four digits only

Home Address _____
street Apt. No

_____
city county state zip code

Home Phone Number ( ) _____ School Phone Number ( ) _____

School District _____ Grade Level _____

Email _____

Have you ever taken any other course(s) from Fresno Pacific University? Yes / No

Course #	Course Title	Units	Instructor

Location of Course (if applicable) _____

Signature of Student _____

Please make checks payable to **Fresno Pacific University**

Charge my ❒ Visa ❒ Mastercard ❒ Discover

Card #_____
Exp. date

Signature _____

Instructor Validation

_____
Amount paid Date Initials

Check/PO#_____

Student Copy - Pink Instructor Copy - Yellow File Copy - White