

**Continuing Education**

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**REGISTRATION FORM**

Date \_\_\_\_\_

**PLEASE PRINT**☐ Male ☐ FemaleName \_\_\_\_\_  
last first middle

SS# or FPU ID# \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_  
street Apt. No

city county state zip code

Home Phone Number ( ) \_\_\_\_\_ School Phone Number ( ) \_\_\_\_\_

School District \_\_\_\_\_ Grade Level \_\_\_\_\_

Email \_\_\_\_\_ Last Degree Earned \_\_\_\_\_

Have you ever taken any other course(s) from Fresno Pacific University? Yes / No \_\_\_\_\_  
If yes, previous name(s) used

.....

Course #	Course Title	Units	Instructor

Location of Course (if applicable) \_\_\_\_\_

Signature of Student \_\_\_\_\_

Please make checks payable to **Fresno Pacific University****Instructor Validation**Charge my ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card # \_\_\_\_\_

Amount paid Date Initials

V Code \_\_\_\_\_ Exp.Date \_\_\_\_\_

Check/PO# \_\_\_\_\_

Signature \_\_\_\_\_