DOMINICAN UNIVERSITY of CALIFORNIA 1890

Department of Professional & Continuing Education

Registration Form

• 50 Acacia Avenue, San Rafael, CA 94901-2298 •
• (415) 485-3255 (415) 482-3575 *fax* DPCE@dominican.edu •

STUDENT INFORMATION

Name: _____ SS#: _____
Last First M. Initial

Address: _____
_____

Phone: _____ Email: _____
Daytime Evening

Have you ever taken a course(s) from Dominican University before? When? Which program?
Different name used? _____

COURSE INFORMATION

Call #	Course #	Course Title	Start / End Dates	# Units	Instructor/Location
			/ / / /		
			/ / / /		
			/ / / /		
			/ / / /		
			/ / / /		
			/ / / /		

STUDENT ACCEPTANCE: The information listed above is complete and correct.

Student Signature: _____ Date: _____

PAYMENT INFORMATION

Total Course Fees Due: $ _____

- ❑ Cash
- ❑ Money Order # _____
- ❑ Check # _____
- ❑ MC/Visa/Am Ex _____ exp. _____

Signature: _____
Name on card: _____
print

DOMINICAN UNIVERSITY OF CALIFORNIA ***Office Use Only***

Register Date: _____ ***Initials*** _____ ***Payment Date:*** _____ ***Initials*** _____

PARTICIPANTS: keep pink copy for your records