

Priority Code

M B

UC Berkeley Extension



UCB Campus Staff Discount

PLEASE PRINT: For my permanent Extension student record, the address below is my Home Address Dept. Address

Mr. Ms. Last Name First Name M.I.

Department: (For Use with Department Address Only)

Address Street Name Apt. No.

City State Zip + 4

Daytime Telephone Extension Evening Telephone

Fax Number E-Mail: Please Print

Title/Position

CASHIER OFFICE USE

Social Security Number

The University is required by federal law to report your Social Security number and other pertinent information to the Internal Revenue Service pursuant to the reporting requirements imposed by the Taxpayer Relief Act of 1997. Social Security number disclosure is mandatory. This notification is provided to you as required by the Federal Privacy Act of 1974.

I certify that I have been employed in a career position 50% time or more for at least 12 months and that I meet the eligibility requirements for the UC Berkeley Campus Staff Discount. I acknowledge that falsification of any information on this form will bar me from being able to use the discount in the future.

Signature Date of Hire Employee ID #

Department Payroll Title Percent Employment Date

1) Course Title

EDP Number Begin Date: (mm/dd/yy) Location (City) Course Fee Minus 10% Discount Adjusted Fee

2) Course Title

EDP Number Begin Date: (mm/dd/yy) Location (City) Course Fee Minus 10% Discount Adjusted Fee

Payment Method: CHECK made payable to UC REGENTS

IOC to UC Extension CREDIT CARD VISA MasterCard American Express Diners Club

TOTAL PAYMENT

\$

Credit Card Number Expiration Date (Mm/Yy)

Card Holder's Name: Card Holder Signature:

Card Holder's Billing address (if different from above)

Received By: (Print) Center: Date:

The University of California, in accordance with applicable federal and state law and University policy, prohibits discrimination, including harassment, on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. This nondiscrimination policy covers admission, access, and treatment in University programs and activities. Equity Standards & Compliance (ESC) responds to questions about prohibited forms of discrimination, or will refer you to a more appropriate campus resource (see the ESC website at http://equity.chance.berkeley.edu). ESC may be contacted at (510) 642-2795 or esc@berkeley.edu. Specific questions about sexual/racial harassment may be directed to Nancy Chu, Title IX/VI Compliance Officer in ESC.

Be sure to see the Extension catalog or the Extension website at www.unex.berkeley.edu for refund and other enrollment policies. Return form with payment to: UC Berkeley Extension, 1995 University Avenue, Suite 110, Berkeley, CA 94704-7000, MC 7020 or FAX to: 510-642-0374.