

APPLICATION for COMPLIMENTARY ENROLLMENT-- INSTRUCTOR UCLA Extension

- You may enroll on a complimentary basis in one course of comparable format (i.e. course/lecture series, one-day program, etc.) for each course for which you are contracted; and you may enroll the quarter before, the quarter of, or the quarter after your class is scheduled to meet. This benefit may be transferred to your spouse, registered domestic partner or to dependents whom you claimed on your most recent Form 1040. Complimentary enrollment covers instructional costs only. Non-discountable fees to cover the cost of materials and other per-capita expenses will become payable when space is confirmed. (Note that non-discountable portions of fees are not typically identified in the catalog -- contact the Registration Office for full fee information.) Complete this form and forward it to your program representative as soon as possible. He/she will in turn forward it to the department sponsoring the course. If this application is declined by the sponsoring department it will be returned to your Program Representative: if you intend to seek complimentary enrollment in this particular class in future quarters, attach this form to your future complimentary enrollment application for priority consideration.
- PROGRAM DEPARTMENT STAFF:** Please forward approved applications to the Registration Office. Return declined applications to the program representative who approved this request.

INSTRUCTOR INFORMATION

INSTRUCTOR NAME (LAST, FIRST, M.I.) _____ Signature* _____

DAYTIME PHONE _____

*By your signature you certify that the student named below, if other than you, either was legally claimed on your most recent Form 1040 as a dependent, or is your spouse.

OF CLASS MTGS PLANNED OR TAUGHT: _____

INSTRUCTOR'S PROGRAM REP (PRINT AND INITIAL) _____

INSTRUCTOR'S DEPARTMENT _____

STUDENT INFORMATION

NAME (LAST, FIRST, M.I.) _____

DAYTIME PHONE _____

ADDRESS (STREET, CITY, ZIP): _____

E-MAIL ADDRESS _____

STUDENT ID (if known) ** _____

_____ Last four digits of
SOCIAL SECURITY NUMBER *

DATE of BIRTH * _____

* Your whole Social Security number will be required by federal law to enable filing of information returns to the Internal Revenue Service: the last four characters are used for identity only. If you intend to file for a tax credit, check with our enrollment office at (310) 825-9971 to ensure we have the full/correct SSN on file. Date of birth is used to ensure accuracy of records.

** Available via Transcript System. Leave blank if for new student record.

ENROLLMENT INFORMATION and DEPARTMENTAL APPROVAL

REG# _____

DISCIPLINE/COURSE # _____

TITLE _____

SPONSORING DEPT. _____

BEGIN DATE _____

END DATE _____

TIME _____

INSTRUCTOR _____

Credit Status (select one): ☐ For Credit Letter Grade

☐ Record CEU

☐ Record Pass/Not Pass

☐ Record Not For Credit

☐ Do Not Record

Sponsoring Department Authorization (Print and initial) _____

☐ Request approved

☐ Request declined -- no space

FEES and PAYMENT (For Student Services' Use Only)

Student contacted for payment ____/____ by _____ Enrollment entered ____/____ by _____

Non-Discountable amount: \$ _____

TOTAL FEES DUE: \$ _____