

PCC Extension

Registration Form

REGISTRATION FORM — PCC EXTENSION				PLEASE PRINT
Date _____				
Last Name _____		First Name _____ M.I. _____		
Street Address _____		Apt. No. _____	City _____	
Zip Code _____	Email Address _____			
Mobile Number _____		Alternate Number _____		
Course No.	Course Title	Start Date	Fee	
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
By submitting this registration form you agree to the PCC Extension Refund Policy.			TOTAL \$ _____	
<u>Payment by Visa, MasterCard or Discover:</u>		<u>Payment by check (payable to Pasadena City College):</u>		
Card No. _____		Driver's License No. _____		
Expiration Date _____	CVV2 Code _____ <small>(3-digit security no. in signature panel)</small>	Expiration Date _____		
Authorized Signature _____		Please do not write in this space		
Print Name on Charge/Check _____		Date _____	Received by _____	
		CK _____	CA _____	

Register by Mail

Complete registration form (include check or credit card information) and mail to:
Pasadena City College
PCC Extension
1570 E. Colorado Blvd., Room CEC112
Pasadena, CA 91106-2003

Register by Phone

Using your Visa, MasterCard or Discover, please call:
(626) 585-7608

Register by Fax

Complete registration form (include credit card information) and fax to:
(626) 585-3058

NOTE: Refund policies may be found on the FAQ page at pcclearn.org.