

THE UNIVERSITY OF ARIZONA  
 UA OUTREACH COLLEGE  
 PO BOX 210158  
 TUCSON, AZ 85721-0158  
 PH: 520-621-7724  
 FAX: 520-621-3269

PLEASE PRINT LEGIBLY

TODAY'S DATE \_\_\_\_\_ SEMESTER SPRING 2009

UA STUDENT ID# \_\_\_\_\_  
 or Social Security Number (Optional – not required)

NAME \_\_\_\_\_  
 Last First Middle Initial

MAILING ADDRESS \_\_\_\_\_  
 PO Box or Street

City State Zip Code

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ US CITIZEN? \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Date of most recent UA Enrollment \_\_\_\_\_ as  Undergraduate  Graduate? Do you have a Bachelor's Degree? \_\_\_\_\_

Department	Course #	Instructor	Units	Course Title	Location	Fees	
PL S	270		3	Golf Turf Management		Tuition	\$
						Trust	\$ 13.00
						Reg Fee	\$ 25.00
						Tech Fee	\$ 57.50
Visa Master Card OR American Express #						Pay This Amount:	\$
CID CODE:						Exp. Date:	Ck#
SIGNATURE							

IMPORTANT: Indicate grade type by circling preference: Pass/Fail Letter Grade Audit

Company payment: Please attach purchase order or on company letterhead include billing address and contact information. Submit with the completed registration form.

=====