

# OPEN UNIVERSITY APPLICATION & COURSE AUTHORIZATION FORM

## 1. COURSE

PLEASE PRINT CLEARLY. ONLY COMPLETED FORMS WILL BE PROCESSED.

Course I.D.	Title	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>						
Enroll Code/Session #								
Instructor	Quarter: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year						
Grading Option: <input type="checkbox"/> Letter Grade (default selection) <input type="checkbox"/> Pass/No Pass	Units							

## 2. INSTRUCTOR / T.A. / DEPARTMENT REPRESENTATIVE

The student listed below wants to enroll in the above course through the UCSB Extension Open University Program. By signing, you give the student permission to enroll providing space is available and all UCSB matriculated students have been accommodated. NOTE: this student's name will appear at the end of your class list and eGrades sheet.

Instructor's Name	Instructor's Signature (required)	Date
Teaching Assistant's (TA's) Name	TA's Signature (required for all discussion sessions)	Date
Department Name	Department Signature*	Date

\*Required for all courses in Chemical Engineering, Computer Science, Economics, Electrical and Computer Engineering, Environmental Science & Management, Materials, Mathematics, Mechanical Engineering, and Technology Management. Independent Study courses may require department signatures, check with Student Services, UCSB Extension.

## 3. STUDENT

<b>X</b>										
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 Fill in Extension Student ID#, if available

Student's Name	Last	First	Middle Initial						
Local Mailing Address									
City	State	Zip Code							
Daytime Phone	Alternate Phone	Date of Birth Month / Day / Year							
E-mail Address									
U-mail Address, if available			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table>						
UCSB Perm #, if available									

### COMPLETE AND SIGN

- A. Have you ever been a UCSB student?  Yes  No If yes, have you been registered at UCSB in the past 12 months?  Yes  No
  - B. Are you a permanent resident of the U.S.?  Yes  No If no, you must apply to UCSB Extension's International Student Programs: [extension.ucsb.edu/isp](http://extension.ucsb.edu/isp)
  - C. Required for students under age 19. Have you completed your Hepatitis immunizations?  Yes  No If yes, show immunization record to Student Services.
  - D. Have you been dismissed, subject to disqualification, or suspended from the University of California?  Yes  No
  - E. Have you been denied access to the UCSB campus by court, university, or police order?  Yes  No
- (✓required) I acknowledge that I am responsible for adhering to all the program's policies and procedures. I understand admission to Open University courses does not imply admission to UCSB regular sessions. I verify that the above material is true and correct. I understand that falsified information is grounds for dismissal without refund.

Student's Signature	Date
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#### FOR STAFF USE ONLY

Prior UCSB Student   
  No UCSB History   
  Prob. Status \_\_\_\_\_  
 Registration Fee \$ \_\_\_\_\_ Course Unit Fee \$ \_\_\_\_\_ Course Material/Lab Fee \$ \_\_\_\_\_ = Total Fees \$ \_\_\_\_\_