

UNIVERSITY OF THE PACIFIC  
*Benerd College*

Course Ref #	Semester	Course #	Course Title	Units	Instructor
10074	202065	PDSI 9901	Travel Exp for the Classroom	1, 2, 3, 4 PEDU	Scott Ricardo

**Please Print Clearly** Please fill in ALL information Gender:  M  F

Student I.D. \_\_\_\_\_ OR Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Date of Birth (Mo/Day/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ US Citizen:  Yes  No

**Email:** \_\_\_\_\_

Have you previously attended Pacific? \_\_\_\_\_ Year attended: \_\_\_\_\_

Name while you attended: \_\_\_\_\_

**Current Pacific Students**

School or College: \_\_\_\_\_

Major(s): \_\_\_\_\_ Advisor: \_\_\_\_\_

Status: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

**Optional Information:**

African American  Asian/Pacific Islander  Hispanic

Native American  White/Non-Hispanic  Other

**For Office Use Only:**

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Course Code: PDSI 9901

Form of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_ Activity Code: \_\_\_\_\_