APPLICATION FOR CANDIDACY

VERIFICATION OF COMPLETION (TT 309)

Please print clearly or type:

This application signifies my intention of pursuing the prescribed course of study toward the program indicated above.

Name: (First/Middle/Last) ☐ Male ☐ Female

Home Address

City State ZIP Country

( )

Daytime Phone Social Security Number*

Date of Birth

Email Address

NONREFUNDABLE AND NONTRANSFERABLE APPLICATION FEE: $25

Please enclose check payable to **The Regents of the University of California**. This nonrefundable, nontransferable fee covers counseling, assessment of your progress, record keeping, and the certificate itself.

Mail to: UCLA Extension
P.O. Box 24901
Dept K
Los Angeles CA 90024-0901

Charge: ___ Amercan Express ___ Discover ___ MasterCard ___VISA

Account No. Expiration Date (Mo/Yr)

Authorizing Signature Date

*Your Social Security number (SSN) is required by federal law to enable filing of information returns to the Internal Revenue Service. Providing SSN is otherwise voluntary, as is date of birth. They are used only to verify your identity for accurate record keeping. (See "Privacy Notification" inside current UCLA Extension quarterly catalog.)

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