YOUNG SCHOLAR PROGRAM
Application & Course Authorization Form

UC SANTA BARBARA
Professional and Continuing Education

1. Course

Please print clearly. Only completed forms will be processed.

Course I.D. _____ Title _____

Quarter:
☐ Fall ☐ Spring
☐ Winter ☐ Summer

Enroll Code/Session #

Instructor _____

Year

Grading Option: ☐ Letter Grade (default selection) ☐ 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.

Course I.D. _____ 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   [X] [ ] [ ] [ ] [ ] [ ] [ ]   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 _____

Complete & Sign

Required for students under age 19. Have you completed your Hepatitis immunizations? ☐ Yes ☐ No
If yes, show immunization record to Student Services.

☐ (√ 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.

☐ Attach forms: Waver of Liability & Authorization to Consent Treatment of Minor

Student's Signature _____ Date _____

For Staff Use Only

2160 Kerr Hall
University of California
Santa Barbara, CA 93106-1110
805-893-4200

Registration Fee $	Course Unit Fee $	Course Material/Lab Fee $	Course Material/Lab Fee $	Total Fees $
			=	