

UCI Program in Nursing Science

REQUEST FOR RECORD OF CONTINUING EDUCATION COURSES

Please submit the following:

- Completed Request for Record of Continuing Education Course Form
- Copy of a valid photo ID with your signature (*requests cannot be processed without verification of identification*)
- Check made out to **UC REGENTS**

___ Regular Processing (3-5 days)	\$17.00 each
___ Special Processing: (2 weeks) See Dept for Information	\$4.00

Please mail the signed form, ID verification & check to:

Program in Nursing Science
Student Affairs Office
106 Berk Hall
University of California, Irvine
Irvine, CA 92697-3959

NAME: _____
LAST FIRST MIDDLE FORMER/MAIDEN NAME

LEGAL ADDRESS:

MAILING ADDRESS:

DATE OF BIRTH: _____

LAST 4 DIGITS OF SSN: _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

DATES ATTENDED: _____ GRADUATION DATE, IF APPLICABLE: _____

MAIL RECORD TO: _____ NO. OF COPIES

MAIL RECORD TO: _____ NO. OF COPIES

NAME/CONTACT PERSON _____

NAME/CONTACT PERSON _____

INSTITUTION/UNIVERSITY/BUSINESS _____

INSTITUTION/UNIVERSITY/BUSINESS _____

ADDRESS _____

ADDRESS _____

CITY STATE ZIP CODE

CITY STATE ZIP CODE

Office use only:

NO. REQUESTED: _____

PROCESSED BY: _____

DATE PROCESSED: _____

FEE AMOUNT: _____

DATE MAILED: _____

DATE FAXED: _____