CREST Program
COURSE ENROLLMENT & DEPARTMENT RECHARGE

QUARTER: **WINTER 2018**

UCSD residents, fellows (including laboratory-based fellows), faculty, and staff pay a discounted fee. The fee covers the costs for all lectures materials including books.

**PAYMENT DEADLINE:**  **NOVEMBER 10, 2017**

<table>
<thead>
<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Student Name:</td>
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**DISCOUNT FEE CATEGORY (check one):**

- [ ] UCSD FACULTY
- [ ] UCSD FELLOW
- [ ] UCSD STAFF

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>SECTION ID</th>
<th>DISCOUNTED FEES</th>
<th>CLASS DATE</th>
<th>CLASS TIME</th>
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<tbody>
<tr>
<td>(For Office use)</td>
<td>(circle one for each course)</td>
<td>Mon -Thu</td>
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1) Biostats I (CLRE-253), 2 units
   - Biostatistics I
   - Section ID: 128757
   - UCSD Fellow/Staff: $570
   - UCSD Faculty: $790
   - Class Date: Thursday
   - Class Time: 4pm – 6:00 pm

2) Epi I (CLRE-251), 2 units
   - Epidemiology I
   - Section ID: 128751
   - UCSD Fellow/Staff: $570
   - UCSD Faculty: $790
   - Class Date: Wednesday
   - Class Time: 4pm – 6:00 pm

3) HSR (CLRE-252), 2 units
   - Health Services Research
   - Section ID: 128754
   - UCSD Fellow/Staff: $570
   - UCSD Faculty: $790
   - Class Date: Wednesday
   - Class Time: 4pm – 6:00 pm

4) POR I (CLRE-250), 2 units
   - Patient Oriented Research I
   - Section ID: 128760
   - UCSD Fellow/Staff: $570
   - UCSD Faculty: $790
   - Class Date: Thursday
   - Class Time: 4pm – 6:00 pm

5) Sci. Com. Sem. (CLRE-259), 2 units
   - Scientific Communication Skills Sem.
   - Section ID: 128763
   - UCSD Fellow/Staff: $570
   - UCSD Faculty: $790
   - Class Date: Tuesday
   - Class Time: 4pm – 6:00 pm

6) Prof. Dev. Sem. (CLRE-258), 2 units
   - Professional Development Sem.
   - Section ID: 128766
   - UCSD Fellow/Staff: $570
   - UCSD Faculty: $790
   - Class Date: Monday
   - Class Time: 1pm – 3:50 pm

Total: $____

**Please RSVP to Seble by Oct 27, 2017 if you would like to enroll in Sci. Com. Seminar and/or Prof. Dev. Seminar**

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**DEPARTMENT RECHARGE INFO:**

- Index number: ____
- Department Name: ____
- Department Contact Name: ____
- Email: ____
- Telephone/Extension: ____
- Department Authorization: ________________

**Signature**

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**SUBMIT COMPLETED FORM TO:**

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