

CREST Program

COURSE ENROLLMENT & DEPARTMENT RECHARGE

QUARTER: SUMMER 2026

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

PAYMENT DEADLINE: April 30, 2026

Date: _____

Student Name: _____

DISCOUNT FEE CATEGORY (check one):

UCSD FACULTY
 UCSD FELLOW/ RESIDENT/POST DOC FELLOW
 UCSD STAFF

COURSE TITLE	SECTION ID	DISCOUNTED FEE <small>(circle one for each course)</small>		CLASS DAY	CLASS TIME
					<small>(Circle time preference)</small>
1) Biostats I (CLRE- 253), 2 units Biostatistics I	198362	UCSD Fellow/Staff:	\$1,396	Thursdays	2pm- 4pm
	198363	UCSD Faculty:	\$1,488		OR 4pm- 6pm
2) Epi I (CLRE-251R), 2 units Epidemiology I	198365	UCSD Fellow/Staff:	\$1,396	Wednesdays	4pm - 6pm
	198366	UCSD Faculty:	\$1,488		
4) POR I (CLRE-250), 2 units Patient Oriented Res. I	198371	UCSD Fellow/Staff:	\$1,396	Thursdays	4pm- 6pm
	198372	UCSD Faculty:	\$1,488		
5) HSR (CLRE-252), 2 units Health Services Research	198368	UCSD Fellow/Staff:	\$1,396	Tuesdays	2pm - 4pm
	198369	UCSD Faculty:	\$1,488		

DEPARTMENT RECHARGE Chart strings info: Please Complete the Fund Information below:

1. Fund	2. Financial Unit "Name" <small>(as it appears exactly in OFC)</small>	3. Financial Unit "Number" <small>(as it appears exactly in OFC)</small>	4. COA expiration date	5. Project #	6. Task #
1) #	2)	3) #	4) #	5) #	6) #

Important: Please make sure there are no restrictions on the fund you provided and "Transaction controls" have been removed, if necessary, to allow training/education expenses to be applied to the fund account!

Department Contact Name: _____

Email: _____

Telephone/Extension: _____

Department Authorization: _____

Signature

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