

Saginaw Valley State University
College of Education Professional Development

REGISTRATION FORM

Name: _____ Social Security #: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone (*please include area code*): _____ Work Phone: _____

County of residence: _____ Male Female Birthdate: ____/____/____

Race/Ethnicity: (Optional) Information is collected for State and Federal reporting requirements, as well as for statistical purposes. It is not used in the admissions process and will have no bearing on your admissions status.

1. Are you Hispanic or Latino? Choose only one:

- No, Not Hispanic or Latino (Please move to Question 2)
 Yes, Hispanic or Latino. (If Multi-Racial also answer Question 2)

2. What is your Race? Select one or more: Asian American Indian/Alaskan Native Black/African American
 Native Hawaiian/Other Pacific Islander White No Answer

Highest degree held: Bachelor's Master's Doctorate What district do you work for?: _____

Are you a certified teacher? Yes No If yes, at what level? Elementary Secondary K-12

Course Title:	
Begin/End Dates:	
Instructor Name:	

Tuition/fees are paid as follows:

- Check enclosed Check Number: _____ Amount: \$ _____
 Money Order enclosed
 Third party payment from district enclosed: Check Number: _____ Tuition amount to be applied: \$ _____
 District Fieldwork Partnership Credit (Please read note below)

District Fieldwork Partnership Credit. The Partnership Requisition Form must be on file at SVSU or attached to this registration form and include all authorized signatures in order for SVSU to process this registration form. **The partnership credit only covers a portion of the tuition and fees due. You will be responsible for the remaining amount not covered by the partnership credit. Please use one of the payment options listed above.** If the requisition form is not signed at the time of registration, you will be required to submit the full tuition amount up front and receive a reimbursement after the requisition form has been signed and submitted to SVSU. See your instructor for complete details.

Enrollment in this course does not constitute admission to any SVSU degree program. This form must be completed for each professional development course. If you are currently enrolled in a degree program, this course may apply, subject to written approval by the appropriate department.

Signature of Student: _____ Date: _____

INTERNAL USE ONLY

Semester: Fall, _____ Winter, _____ Spring, _____ Summer, _____

College of Education: Student #: _____ Date Processed: _____ Initials: _____

Registrar's Office: SECTION #: _____ D/C: _____ CR HRS: _____

Initials: _____ Date: _____

- New TC Readmit TC Returning TC New Graduate Returning Graduate