

**HAMLIN UNIVERSITY SCHOOL OF EDUCATION
 PROFESSIONAL DEVELOPMENT FOR EDUCATORS CATALOG
 REGISTRATION FORM**

This form is for Professional Development for Educators courses only.

Return completed form

- **by fax** to 651-523-2585
- **by mail** to Hamline University, Graduate Registration MS-A1750, 1536 Hewitt Ave, St. Paul MN 55104-1248
- **in person** to Student Administrative Services, 1st Floor, Law & Graduate Schools Building

Call Student Administrative Services at 651-523-3000 with registration questions. Phone registration not accepted.

TERM: Fall Winter/Spring Summer Year: _____

Hamline ID/Social Security Number: _____

Preferred E-mail (required): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip + 4

Home Phone: (____) _____ Work Phone: (____) _____

Date of Birth (month/day/year): _____ Gender: Female Male

Are you a teacher? yes no

If yes, Subject/Grade Level: _____ District: _____ School: _____ How many years teaching? _____

Enrollment Status: I am admitted to a Hamline program in (list) _____
 I have never taken a course at Hamline.
 I last took a course at Hamline in (year): _____
 If I enrolled under a different name, what name? _____

Educational Background—list college/university attended, years of attendance, and degree earned:

Please register me in the following checked course(s):

	<i>Subject + 9-digit Number</i>	<i>Course Name</i>	<i>Location</i>	<i>Start Date</i>	<i>Number of Credits</i>	<i>Course Cost</i>
<input type="checkbox"/>	EDUC 7091-35097	GLBTQ Studies	Online	January 9, 2012	3	\$384

Payment:

Check for \$ _____ is enclosed, payable to Hamline University.

Please bill me through student accounts