HAMLINE 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: o Fall o Winter/Spring o 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: o Female o Male

Are you a teacher? o yes o no

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

Enrollment Status: o I am admitted to a Hamline program in (list)_____
o I have never taken a course at Hamline.
o 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 course(s):

Subject + 9-digit Number	*Course Name*	*Location + Start Date*		*Number of Credits*	*Course Cost*
MUED 6998 – 56009	**MNSOTA All-State Workshop 2010**	**St. Bens**	**August 5-7**	**2**	**$246.00**

Payment:

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

o Please bill me through student accounts