**Office Use Only**

Term:\_\_\_\_\_\_\_\_\_\_\_\_

Course #:\_\_\_\_\_\_\_\_\_

CRN:\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FORM**

Please complete this registration form and return promptly to the Graduate & Continuing Education Office at Westfield State University, 577 Western Avenue, Westfield MA 01086 with check or PO. You will email receive confirmation. You may email the form molsen@westfield.ma.edu, leave the credit card information blank, and phone in credit card information to Dr. Marsha Olsen @ 413-572-8459.

**Your Personal Information:**

Last Name:

First Name:

Email:

Home Address:

DOB:

City:

State: \_ Zip Code:

Home Phone:

Work Phone:

School:

School District:

Position or Subject Area:

Grade:

Are you currently or have you ever taken a course at Westfield State University: **Yes No**

 **Course Information: Please write the month you would like to take the course**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Days** | **Month** | **PDP** |
| Active Learning in the Pre-Calc Classroom*Self-paced* | Online-Self-paced-4 weeks access |  | \_\_\_\_\_ $150 **15 PDPs** |
| TOTAL AMOUNT DUE:*Payment is due at time of registration. Payment is not accepted via email or fax. Checks are payable to Westfield State University. Cash is not accepted. Purchase Orders are accepted with registration form. Payment is non -refundable if you cancel on the first of the enrolled month or after.* | Total PDP Cost$\_\_\_\_\_\_\_\_\_ |
|  |

**METHOD OF PAYMENT**

**Purchase Order #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check #:**

**Credit Card:**

**MasterCard Visa Discover Billing Zip Code**

**Card Number \_\_\_\_\_\_\_\_\_ Expiration Date: CVV (last 3 digits on back of card) \_\_\_\_**

**Name on Card/Signature Date**

**Printed Name on credit card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**