**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. Fax-413.572.5227. You will receive email confirmation.

 **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: Self-paced courses (Please check next to payment the course(s) in which you would like to enroll and indicate the month you would like to take)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Courses-Three SEI and one SE** | **Days** | **Time** | **PDP** | **Month** |
| Understanding Diversity and Cultural Competency to Support ELL Students in the Schools*SEI 15 hour course-Self-paced for professional educators who do not have teaching responsibilities* | OnlineSelf-paced | 4 weeks-Offered on the 1st of each month  | \_\_\_\_$150 **15 PDPs** |  |
| Understanding Academic Language to Improve Content Area Instruction for ELLs (Differentiated by Content Area)*SEI 15 hour course-Self-paced*  | OnlineSelf-paced |  4 weeks-Offered on the 1st of each month  | \_\_\_\_\_ $150 **15 PDPs** |  |
| Using Technology to Support ELLs in SEI and ESL/ELD Classrooms*SEI 15 hour course-Self-paced*  | OnlineSelf-paced | 4 weeks-Offered on the 1st of each month  | \_\_\_\_\_ $150 **15 PDPs** |  |
| Instructional Strategies for the Exceptional Learners*SE (Special Education)15 hour course-Self-paced* | OnlineSelf-paced | 4 weeks- Offered on the 1st of each month  | \_\_\_\_\_\_$150 **15 PDPs** |   |
| TOTAL AMOUNT DUE:*Payment is due at time of registration. Payment is not accepted via email or fax. Checks are payable to Westfield State University. Cash is not accepted. Purchase Orders are accepted with registration form. Payment is non -refundable if you cancel within 2 weeks of the event.* | Total PDP Cost$\_\_\_\_\_\_\_\_\_ |  |
|  |  |

**METHOD OF PAYMENT (Purchase Order, Check or Credit Card):**

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

**Personal Check #\_\_\_\_\_\_\_\_\_\_\_\_**

**For credit card payment, we do not accept credit card information by fax. Please email the completed registration form to Dr. Marsha Olsen** **molsen@westfield.ma.edu** **and call 413-572-8459 to provide the following information:**

**Credit Card Holder’s name, Credit card name, credit card number, expiration date, billing address, and CVV number.**

**OR you may mail this registration form with the following information:**

**\_\_\_MasterCard, Visa, Discover Billing Zip Code\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Card Holder’s Signature: Date:**

**Card Holder’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Holder’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**