**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. You will receive an email confirmation.

Fax: 413-572-5227

**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 in which you would like to enroll.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Days** | **Month** | **PDP** |
| SEI MTEL Prep  *Self-paced* | Online-  Self-paced-  8 weeks access |  | $150  **15 PDPs** |
| TOTAL AMOUNT DUE:  *Payment is due at time of registration. Credit card 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 or after the first of the month in which you are enrolled.* | | | Payment submitted  $\_\_\_\_\_\_\_ |
|  | | |

**METHOD OF PAYMENT (PO, check or credit card):**

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

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

**Credit cards accepted: MasterCard/VISA/Discover**

**Credit card payment: We do not accept credit card information by fax or email. Please call Dr. Marsha Olsen, Director, Center for Teacher Education and Research at 413-572-8459 to provide the following information:**

**Credit Card\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on credit card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVV number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**