

**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, 1<sup>st</sup> 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"/>	CSED 6998-58849	Edcamp Minnesota	Capitol View Center, Little Canada, MN	Summer 2012	1	\$250

**Payment:**

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

Please bill me through student accounts