Chapman University
EXTENDED EDUCATION
PROFESSIONAL DEVELOPMENT FOR EDUCATORS

REGISTRATION FORM

Mail or fax to: **Chapman University**
Attn: Extended Education
16355 Laguna Canyon Road
Irvine, CA 92618
Fax: (949) 754-1337

Questions
Contact: Jan Luxembourger
E-mail: luxembou@chapman.edu

Name:	**CREDIT INFORMATION:** These professional development courses award graduate elective units which are not part of a degree program but instead are used for professional advancement. One semester unit is equivalent to 15 hours. **SPECIAL NEEDS:** Any individual who, because of disability, needs special accommodation with respect to any university policy, practice, service, or benefit should notify the university.		
Address:			
City:			
State: Zip:			
Phone Number:			
SSN:			
Email:			
Check Appropriate Course (s)	**Course Number**	**# of Units**	**Registration Fee**
International Forum on Language Training (Florence Martin)	EDUC 9770D	2	$100
Method of Payment		**TOTAL**	

Credit Card : ____VISA ____MC ____ Discover Check #: _____ (Attached) **Payable to "Chapman University"**

Card Number: __ __ __ __/__ __ __ __/__ __ __ __/__ __ __ __

Expiration Date: _____/ _____
Month Year

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DETACH HERE FOR YOUR RECEIPT

Name: _____Date: _____ Course #: _____
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