



PLEASE PRINT OR TYPE. PLEASE FILL IN ALL BLANKS.

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone : (____) _____ Email Address: _____

This information is optional and used for statistical purposes only:

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Course list through June 30, 2014 (please circle all that apply):

CRN	Class Title	CEU	Fee	CRN	Class Title	CEU	Fee
60186	Adv Classroom Mgt	3.0	\$250.00	60200	Infant & Toddler Mental Health	3.0	\$250.00
60187	Attention Deficit Disorder	3.0	\$250.00	60201	Learning Disabilities	4.5	\$325.00
60188	Autism & Asperger	3.0	\$250.00	60202	Reading Fundamentals #1	3.0	\$250.00
60189	Behavior Is Language	4.5	\$325.00	60203	Reading Fundamentals #2	3.0	\$250.00
60190	Child Abuse	3.0	\$250.00	60204	Reading Fundamentals #3	4.5	\$325.00
60191	Drugs & Alcohol in Schools	3.0	\$250.00	60205	Reading/Writing in Content Area	3.0	\$250.00
60192	Educational Assessment	3.0	\$250.00	60206	Talented & Gifted	3.0	\$250.00
60193	Erly Child: Family Centered	3.0	\$250.00	60207	Teaching Diversity	3.0	\$250.00
60194	Erly Child: Observe/Assessment	4.5	\$325.00	60208	Teaching Elem Math Concept	3.0	\$250.00
60195	Erly Child: Program Planning	4.5	\$325.00	60209	Traumatized Child	3.0	\$250.00
60196	Erly Child: Atyp/Typical Dev	4.5	\$325.00	60210	Try DI	4.5	\$325.00
60197	Ethics/Safety in Education	3.0	\$250.00	60211	Understanding Aggression	4.5	\$325.00
60198	Harassment in Schools	3.0	\$250.00	60212	Violence In Schools	3.0	\$250.00
60199	Inclusion	3.0	\$250.00	60213	Why DI? Intro to Diff Instruction	4.5	\$325.00

Other Course(s) Not Listed _____

Method of Payment: We accept Visa, MasterCard, Discover or American Express. If you wish to use a credit card as payment, please contact our office at 662-846-4874 to give card information.

Enclosed is my check or money order payable to Delta State University in the amount of \$_____.

MAIL TO: Graduate & Continuing Studies **-OR-** **FAX TO:** 662-846-4313
Attn: CEU Online Courses
Kent Wyatt Hall Suite 239
Cleveland MS 38733

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ CC: VESI _____ TERM: _____