



**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 for July 1, 2008-June 30, 2009 (please check all that apply):

CRN	Class Titles	CEU	Fees	CRN	Class Titles	CEU	Fees
<input type="checkbox"/> 60020	Educational Assessment	3.0	\$250.00	<input type="checkbox"/> 60029	Learning Disabilities	4.5	\$325.00
<input type="checkbox"/> 60021	Advanced Classrm Mgt	3.0	\$250.00	<input type="checkbox"/> 60030	Talented & Gifted	3.0	\$250.00
<input type="checkbox"/> 60022	Attention Deficit Disord	3.0	\$250.00	<input type="checkbox"/> 60031	Traumatized Child	3.0	\$250.00
<input type="checkbox"/> 60023	Autism & Asperg. Disord	3.0	\$250.00	<input type="checkbox"/> 60032	Underst. Aggression	4.5	\$325.00
<input type="checkbox"/> 60024	Behavior is Language	4.5	\$325.00	<input type="checkbox"/> 60033	Violence in Schools	3.0	\$250.00
<input type="checkbox"/> 60025	Child Abuse	3.0	\$250.00	<input type="checkbox"/> 60034	Teaching Diversity	3.0	\$250.00
<input type="checkbox"/> 60026	Drugs & Alcohol in Sch	3.0	\$250.00	<input type="checkbox"/> 60035	Read. Fund. #1	3.0	\$250.00
<input type="checkbox"/> 60027	Infant & Toddler	3.0	\$250.00	<input type="checkbox"/> 60036	Read. Fund. #2	3.0	\$250.00
<input type="checkbox"/> 60028	Inclusion	3.0	\$250.00	<input type="checkbox"/> 60037	Read. Fund. #3	4.5	\$325.00

**Select Method of Payment:**

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

I authorize DSU to charge \$\_\_\_\_\_ to my:  MasterCard  Discover  American Express

Name as it appears on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ VIN# \_\_\_\_\_ (3 digits on back)

Address of Cardholder: \_\_\_\_\_  
CITY STATE ZIP

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR OFFICE USE ONLY:**  
DATE RECEIVED: \_\_\_\_\_ CC: VESI \_\_\_\_\_ TERM: 200906