



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, 2009-June 30, 2010 (please check all that apply):

CRN	Class Titles	CEU	Fees	CRN	Class Titles	CEU	Fees
<input type="checkbox"/> 60007	Educational Assessment	3.0	\$250.00	<input type="checkbox"/> 60016	Learning Disabilities	4.5	\$325.00
<input type="checkbox"/> 60008	Advanced Classrm Mgt	3.0	\$250.00	<input type="checkbox"/> 60017	Talented & Gifted	3.0	\$250.00
<input type="checkbox"/> 60009	Attention Deficit Disord	3.0	\$250.00	<input type="checkbox"/> 60018	Traumatized Child	3.0	\$250.00
<input type="checkbox"/> 60010	Autism & Asperg. Disord	3.0	\$250.00	<input type="checkbox"/> 60019	Underst. Aggression	4.5	\$325.00
<input type="checkbox"/> 60011	Behavior is Language	4.5	\$325.00	<input type="checkbox"/> 60020	Violence in Schools	3.0	\$250.00
<input type="checkbox"/> 60012	Child Abuse	3.0	\$250.00	<input type="checkbox"/> 60021	Teaching Diversity	3.0	\$250.00
<input type="checkbox"/> 60013	Drugs & Alcohol in Sch	3.0	\$250.00	<input type="checkbox"/> 60022	Read. Fund. #1	3.0	\$250.00
<input type="checkbox"/> 60014	Infant & Toddler	3.0	\$250.00	<input type="checkbox"/> 60023	Read. Fund. #2	3.0	\$250.00
<input type="checkbox"/> 60015	Inclusion	3.0	\$250.00	<input type="checkbox"/> 60024	Read. Fund. #3	4.5	\$325.00

Method of Payment:

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: _____