

DELTA STATE UNIVERSITY

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 (please mark the box for all courses to be registered):

Class Title	CEU	Fee	Class Title	CEU	Fee
Adv Classroom Mgt	3.0	\$250.00	Reading Fundamentals #2	3.0	\$250.00
Attention Deficit Disorder	3.0	\$250.00	Reading Fundamentals #3	4.5	\$325.00
Autism & Asperger	3.0	\$250.00	Reading & Writing in Content Area	3.0	\$250.00
Behavior Is Language	4.5	\$325.00	Response to Intervention	4.5	\$325.00
Child Abuse	3.0	\$250.00	Six Traits of Writing Model	3.0	\$250.00
Drugs & Alcohol in Schools	3.0	\$250.00	Talented & Gifted	3.0	\$250.00
Educational Assessment	3.0	\$250.00	Teaching Diversity	3.0	\$250.00
Erl Child: Family Centered	3.0	\$250.00	Teaching Elementary Math Conceptually	3.0	\$250.00
Erl Child: Observe/Assessment	4.5	\$325.00	Teaching Secondary Math Conceptually	4.5	\$325.00
Erl Child: Program Planning	4.5	\$325.00	Traumatized Child	3.0	\$250.00
Erl Child: Atyp/Typical Dev	4.5	\$325.00	Try DI	4.5	\$325.00
Harassment in Schools	3.0	\$250.00	Understanding Aggression	4.5	\$325.00
Inclusion	3.0	\$250.00	Understanding/Implement Common Core	4.5	\$325.00
Infant & Toddler Mental Health	3.0	\$250.00	Violence in Schools	3.0	\$250.00
Learning Disabilities	4.5	\$325.00	Why DI? Into to Differentiated Instruction	4.5	\$325.00
Reading Fundamentals #1	3.0	\$250.00	English Lang Learner: Lang Acquisition	4.5	\$325.00
			English Lang Learner: Methods/Materials	4.5	\$325.00

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. NOTE: A 3% processing fee will be added to each credit card transaction.

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

MAIL TO: Delta State Continuing Education **-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: _____