

SILVER LAKE COLLEGE CREDIT REGISTRATION FORM
Spectrum Training Systems Autism Workshops (Fall, 2009)

Submit this form with payment to:

Sr. Mary Karen Oudeans, Ph.D., Silver Lake College, 2406 S. Alverno Road, Manitowoc, WI 54220

NAME: _____

(Last) (First) (Middle) (Maiden/Former)

ADDRESS: _____

(Street) (City) (State) (Zip)

COUNTY: _____

EMPLOYER: _____

HOME PHONE: _____

WORK PHONE: _____

(Area Code)

(Area Code)

SOCIAL SECURITY CO. _____

E-MAIL _____

Optional, for statistical purposes only.

DATE OF BIRTH: ___/___/___

GENDER: ___ M ___ F

MARITAL STATUS: _____

RELIGION: _____

CITIZENSHIP: ___ USA ___ FOREIGN (Country) _____

ETHNIC BACKGROUND

___ Caucasian ___ African American ___ Asian/Pacific ___ Hispanic ___ American
 ___ Indian/Alaskan Native

I have taken courses at Silver Lake College: ___ Yes ___ No (If no, remit \$50.00 non-refundable fee.)

I have a Bachelor Degree from: (Must be completed to register for this graduate course.)

College/University

Degree

Date Obtained

Registration for credit will be accepted via U.S. mail up to one week after workshop attendance date. An official "withdraw" from credit must be received no later than one (1) week after the workshop date. Call (920-686-6157) if a "withdraw" from credit is necessary. **The cost PER CREDIT is \$180.00.** Payment is due with this registration form. Credit cost is separate from workshop fee.

Check	Course #	Course Title	Dates/Location	Term	Credits (Circle One)
<input type="checkbox"/>	SED 585-001	Building Social Relations for Learners on Autism Spectrum	October 2, 2009 (Munelein, IL)	Fall 2009	1 OR 2
<input type="checkbox"/>	SED 585-002	Building Social Relations for Learners on Autism Spectrum	November 6 2009 (Brooklyn Center, MN)	Fall 2009	1 OR 2

Silver Lake College admits all students regardless of sex, race, color, creed, disability, veteran status, or national origin as defined by law.

I understand I will be expected to abide by all rules and regulations of Silver Lake College. I certify all information on this application is complete and accurate to the best of my knowledge. I understand that falsification may result in denial of admission or dismissal.

Signature _____

Date _____

Amount Enclosed \$ _____

Include \$50.00 application fee if you haven't taken a course from SLC before.

Payment made by

Check
 Credit Card (Master Visa)

If credit card:

Account Number _____

Expiration Date _____

Amount to be charged \$ _____

If you prefer not to send your credit card information through the mail, please call the SLC Student Accounts Office at (920) 686-6159 to provide credit card number, expiration date, and amount.