

SILVER LAKE COLLEGE CREDIT REGISTRATION FORM

“Career Planning for Individuals with Autism Spectrum Disorders” (Spectrum Training Systems 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
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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) Note workshop attendance requirement for options & refer to syllabus for project requirements
<input type="checkbox"/>	SED 583-001	Career Planning Individuals on the Autism Spectrum	Sept. 29-30, 2009 (Mundelein, IL)	Fall 2009	1-credit (Day 1 OR Day 2; OR DAY 1 & 2) 2-credits (Must Attend Day 1 AND Day 2)
<input type="checkbox"/>	SED 583-002	Career Planning Individuals on the Autism Spectrum	October 15-16, 2009 (Buena Park, CA)	Fall 2009	1 credit (Day 1 OR Day 2; OR DAY 1 & 2) 2-credits (Must Attend Day 1 AND Day 2)
<input type="checkbox"/>	SED 583-003	Career Planning Individuals on the Autism Spectrum	October 21-22, 2009 (Seattle, WA)	Fall 2009	1 credit (Day 1 OR Day 2; OR DAY 1 & 2) 2-credits (Must Attend Day 1 AND Day 2)
<input type="checkbox"/>	SED 583-004	Career Planning Individuals on the Autism Spectrum	October 26-27, 2009 (East Lansing, MI)	Fall 2009	1 credit (Day 1 OR Day 2; OR DAY 1 & 2) 2-credits (Must Attend Day 1 AND Day 2)
<input type="checkbox"/>	SED 583-005	Career Planning Individuals on the Autism Spectrum	November 10-11, 2009 (Atlanta, GA)	Fall 2009	1 credit (Day 1 OR Day 2; OR DAY 1 & 2) 2-credits (Must Attend Day 1 AND Day 2)
<input type="checkbox"/>	SED 583-006	Career Planning Individuals on the Autism Spectrum	November 16-17, 2009 (Indianapolis, IN)	Fall 2009	1-credit (Day 1 OR Day 2; OR DAY 1 & 2) 2-credits (Must Attend Day 1 AND Day 2)
<input type="checkbox"/>	SED 583-007	Career Planning Individuals on the Autism Spectrum	November 18-19, 2009 (Columbus, OH)	Fall 2009	1-credit (Day 1 OR Day 2; OR DAY 1 & 2) 2-credits (Must Attend Day 1 AND Day 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.