

**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
<input type="checkbox"/>	SED 586-001	Mental Illness in Children	October 8, 2009 (St. Louis, MO)	Fall 2009	1
<input type="checkbox"/>	SED 586-002	Mental Illness in Children	October 28, 2009 (East Lansing, MI)	Fall 2009	1

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.