

**SILVER LAKE COLLEGE CREDIT REGISTRATION FORM**

October 2007 (Spectrum Training Systems Workshops)

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 \$35.00 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 \$175.00. 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 586-003	Behavior Solutions for Students on the Autism Spectrum	November 1 2007 (Detroit, MI)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 586-004	Behavior Solutions for Students on the Autism Spectrum	November 6, 2007 (Eau Claire, WI)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 590-002	Learners on the Autism Spectrum in the Inclusive Classroom	November 7 2007 (Eau Claire, WI)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 584-002	Social Skills Instruction for Learners on the Autism Spectrum	November 15, 2007 (Westlake, OH)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 588-002	Strategies for Learners with Asperger Syndrome	November 16, 2007 (Westlake, OH)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 590-003	Learners on the Autism Spectrum in the Inclusive Classroom	November 15, 2007 (Hialeah Gardens, FL)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 583-004	Curricular Adaptations for Students on the Autism Spectrum	November 15, 2007 (Hialeah Gardens, FL)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 585-003	Asperger Syndrome: Beyond the Basics	November 29, 2007 (Crystal Lake, IL)	Fall 2007	1 OR 2
<input type="checkbox"/>	SED 591-001	Building Social Relations for Learners on the Autism Spectrum	November 30, 2007 (Crystal Lake, IL)	Fall 2007	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 \$35.00 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.