SILVER LAKE COLLEGE CREDIT REGISTRATION FORM

Summer 2010 (Spectrum Training Systems Inc. Autism Workshops)

Submit this form with payment to:

Sr. Mary Karen Oudeans, Ph.D., Silver Lake College, 2406 So. 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 graduate level credit.)**

_____
College/University Degree Date Obtained

____ I do not have a Bachelor Degree

Registration for credit will be accepted via U.S. mail up to one week after the start date of the workshop. A "withdraw" from credit is only available until the start date of the course (August 26 Or 27, 2010). 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)
☐	SED 589-001	Learners on the Autism Spectrum in the Inclusive Classroom	August 26, 2010 (St. Louis, MO)	Summer 2010	1 OR 2
☐	SED 680-001	Careers for Individuals with Asperger's & High Functioning Autism	August 27, 2010 (St. Louis, MO)	Summer 2010	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.