

Course Registration Form

University of Nebraska – Lincoln School Improvement Specialist Program

Return this enrollment form and
payment to:

Extended Education & Outreach Customer Service
University of Nebraska – Lincoln
900 North 22nd Street
Lincoln, NE 68588-8101
Phone: (402) 472-5515
Fax: (402) 472-1901
E-mail address: unlextened@unl.edu

For questions, please contact Sheila Hayes at (402)472-3729 or shayes4@unl.edu.

Please fill out completely. We require a work address.

NAME: _____

Job Title: _____

Student ID#: _____

Home Address: _____

Phone: _____

Fax: _____

School/Work Address: _____

School or Organization Name: _____

Phone: _____ Fax: _____

We must have your e-mail address to facilitate communication about the course. Please provide both your home and school e-mail addresses. Please designate by checking one box below which e-mail address is your preferred first communication link. This will be the e-mail address used for the course. If you do not select a preferred e-mail address, we will use your work address. **PRINT CLEARLY.**

- Home E-mail Address:
 School/Work E-mail Address:

COURSE INFORMATION: Check the box of the course(s) you are registering for:

- EDAD 841** - Developing Breakthrough Success with Continuous School Improvement (3 cr.)
- EDAD 842** - Planning and Implementing an Action Plan for Continuous School Improvement (2 cr.)
- EDAD 843** - Communication and the Impact of Change within School Improvement (2 cr.)
- EDAD 844** - Reflecting on the School/District Improvement Process for the Quality Assurance Review (2 cr.)

PAYMENT INFORMATION: Payment must be made at time of enrollment.

Payment by: Name (Print Full Name) _____

Address (Organization, Street, City, State, County, Zip): _____

Phone: _____

Fax: _____

E-mail Address: _____

Payment Method:

OPTION 1) Charge Card (CHECK ONE) Visa Master Card

Name as on Card (please print): _____

Signature as on Card: _____

Number on Card: _____

Expiration Date: _____

OPTION 2) Check or Money Order

Check Number _____

Check or Money Order Amount \$ _____

Checks should be made payable to the **University of Nebraska-Lincoln**

OPTION 3) Purchase Order

Purchase Order Number: _____

Tax Exempt Number: _____

Organization: _____

Nebraska organizations please note: If you have not already done so, please send a copy of your Certification Form.

Tuition and Fees for 2008-09

Tuition	\$421.25 per credit hour
Distance Learning Fee	\$25.00 per credit hour
Technology Fee	\$7.35 per credit hour
Library Fee	\$3.00 per credit hour

How did you hear about this program?

Were you referred? No Yes Referrer's Name: _____

Please list anyone you would like to have information about this program sent to:

Name: _____

Address: _____

Phone: _____

E-Mail: _____