



**Professional Development Program  
Permit to Register Form**

Registration must be submitted no later than 2 weeks after beginning the professional development training.

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

*+Required Fields \*For statistical purposes online. Responses are not required, but would be greatly appreciated.*

**+ Enrollment Status:**

- New Student  Returning Student

**+ Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**+ Gender:**  Male  Female

**+ Marital Status:**  Married  Single

**+ Social Security Number:** (required for 1098T tax forms)  
\_\_\_\_\_

**+ Citizenship:**

- United States  Resident Alien  
 Non-Immigrant Alien – specify country  
 American Indian/Alaskan Native

**+ Do you hold a Teaching Certificate?**

- Yes  No

If no, please indicate your job position:

- Administrator  School Psychologist  
 Other: \_\_\_\_\_

**\* Ethnic/Racial Group:**

- White, Non-Hispanic  Hispanic American  
 Black, Non-Hispanic  Asian or Pacific Islander

**\* Religion (specify):** \_\_\_\_\_

**Tuition Rate:** \$150.00 per credit (pay in full only)

**Total Number of Credits:** \_\_\_\_\_

**Total Tuition: (\$150 x # of credits):** \_\_\_\_\_

**Payment Options:**

- Online by MasterCard, American Express, Discover, Diner’s Club, or electronic check.
- Submit this form with your personal check or money order.

**\*Tuition is Non-Refundable\***

**Be sure to Submit:**

- This completed Registration Form
- Tuition Payment
- PDP Course Assignment Upon Completion of professional training program(s)

**Course Information:** Are you participating in professional development training (workshop, conference, seminar) that is

being offered by an organization that has arranged credit with our department?

- Yes  No

**If yes,** indicate the Madonna course #(s) and title(s) provided by the facilitator/instructor.

**EDU** \_\_\_\_\_ **# of credits:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**EDU** \_\_\_\_\_ **# of credits:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**If no,** please ensure that the training you plan to attend meets the criteria necessary to qualify for non-degree graduate credit. Information on what qualifies can be found on our website: [www.madonna.edu/PDP](http://www.madonna.edu/PDP).

I agree that the information provided above is accurate to the best of my knowledge.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send all Correspondence to:**

College of Education – PDP  
Madonna University  
36600 Schoolcraft Road  
Livonia, Michigan 48150

**Contract us for Assistance:**

John P. Sprys – Director  
Janice Centers – Secretary  
734.432.5697 [PDP@madonna.edu](mailto:PDP@madonna.edu)  
[www.madonna.edu/PDP](http://www.madonna.edu/PDP)