

**Professional Development Program
Permit to Register Form**

[Registration must be submitted no later than 2 weeks after completing 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:

1. Online by credit card (service fee will be charged) or electronic check.
2. Submit this form with your personal check or money order.

Tuition is Non-Refundable

Be sure to Submit:

1. This completed Registration Form
2. Tuition Payment
3. 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.

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:

Janice Centers – PDP Director
Phone: 734.432.5697
PDP@madonna.edu
www.madonna.edu/PDP