UNIVERSITY OF MARYLAND, COLLEGE PARK, MD 20742 COLLEGE OF EDUCATION OUTREACH TECHNOLOGY PROGRAMS COURSE REGISTRATION FORM



Refer to the information from your District/Instructor for details about the course for which you are to register. Read the instructions carefully. Students <u>must</u> be admitted to the University of Maryland Graduate School before they can be registered for coursework for which they expect to earn graduate level credit.

Printed Name	SS #	SS #							
Address	Hom	Home Phone							
ity, State, Zip Work Phone									
Signature	Date								
School District:	rict: My Home School:								
COURSE REQUEST: (Ask yo	our instructor for	specific course info	ormation)						
I wish to earn graduate credit for this course: Yes No									
Course # and Title	Section #	# Credits	Course Dates						
PAYMENT INFORMATION	: I am using the o	option checked belo	ow to pay my tuition:						
credit card check	employer contract	other	(specify)						
Credit Card Student Name:	SS#·								
(circle card type)		S3# Exp Date:							
Name of Card Holder:		Phone:							
Amount to be charged:	_ Signature: (mand	atory)							

<u>Check:</u> Make check payable to *University of Maryland* and write your SS# on the check. Attach the check securely to form. DO NOT include payment for admission or any other purpose in the same check as your tuition payment

Employer contract: State information here.

Submit this form	n with your	payment i	information	to your	Toyia	Younger	- 0108B C	ole Student
Activities	Bldg - Colle	ege Park, M	1D 20742-11	21-301-	-405-09	02 - <u>tyou</u>	nger@umd	l.edu