DOMINICAN UNIVERSITY of CALIFORNIA

Professional and Continuing Education Registration Form

School of Education and Counseling Psychology
50 Acacia Avenue, San Rafael, CA 94901-2298
Tel: 415-458-3779 Fax: 415-458-3790
Email: Paulina.camp@dominican.edu

STUDENT INFORMATION MANDATORY – Please Print

Last Name | First Name | Middle Initial | Dominican Student ID (Office Use Only)

Mailing Address | City, State | Zip Code | Email

Daytime Phone # | Evening Phone # | Cell Phone #

Job Title | Employer

Have you taken courses through Dominican University? :_____

List any other names you have enrolled under:_____

COURSE SCHEDULE INFORMATION – Please Print **Date Form Given to Registrar's Office:**_____

Course ID / Sect	Course Title	Office Use Term	Start Date	# Units	Instructor/Location
EDUR 8727	iTeach 2018	(A) B C	6/20/18	1	Main/Off Campus
		A B C			

All grades are PASS/FAIL. Students will receive an Official Transcript upon Dominican's receipt of the signed course roster. Please allow three weeks for processing.

PAYMENT INFORMATION

Total Course Fees Due:_$55_____

Payment Type (select one): ____Cash
____Money Order #_____
____Check #_____
____MC / Visa / Am Ex_____ Exp._____

Name on card (please print) Signature

OFFICE USE ONLY

Register Date:_____ Initials:_____ Student ID:_____

Payment Date:_____ Initials:_____

Distribution: White Copy = Registrar; Yellow Copy = PACE Office; Pink Copy = Participant Copy