+Educational Level:
□ Bachelor □ Master's and/or Doctorate

+Do you hold a Professional Teacher Certificate: Yes □ No □

If no, please indicate your job position:
□ Administrator
□ School Psychologist
□ Other (please list)_____

+Enrollment Status:
□ New Student □ Returning Student

***Ethnic/Racial Group:**
□ White, Non-Hispanic □ Hispanic
□ Black, Non-Hispanic □ American Indian
□ Asian or Pacific Islander

+Citizenship
□ United States □ Resident Alien
□ Non-Immigrant Alien – specify country _____

+Date of Birth: _____/_____/_____
+Place of Birth (state/country): _____
***Sex**: □ Male □ Female
***Religion (specify): _____**
***Marital Status:** □ Married □ Single

Professional Development Program

ed2go Online Course
Permit to Register Form

Instructions:

****Registration must be submitted no later than 2 weeks after beginning the ed2go online course.****

Send all correspondence to:
Madonna University
The Graduate School
36600 Schoolcraft Road
Livonia, Michigan 48150
Phone: 734-432-5697 Email: PDP@madonna.edu
www.madonna.edu/pages/Ed2go.cfm

+Required fields. *For statistical purposes only. Responses are not required but would be much appreciated.

Tuition Rate: $150.00 per credit (Pay in full only)
Total number of graduate credits: _____
Total Tuition: ($150 X # credits): _____
Please make payment online by MasterCard, American Express, Discover, Diner's Club or electronic check, or you may submit this form with your personal check or money order. Tuition is non-refundable.

Social Security Number (*required for first time course registration*)**:** _____

Be sure to submit:
- ✓ **Completed Registration Form**
- ✓ **Payment by credit card or e-check online; personal check with hard copy of this form**
- ✓ **PD Course Assignment upon completion of ed2go online course(s)**

Course Information:
The Madonna course title/number for all ed2go online courses is located on our web page: http://www.madonna.edu/pages/Ed2Go.cfm. If you have already registered once for Madonna ed2go graduate credit in the current University semester, please email us at pdp@madonna.edu to request an alternate course title and number. Duplicate course numbers in the same semester will not be accurately recorded on your transcript. **EDU _ _ _ _ . _ _**

_____

Name of District/Organization/Agency through which you are taking your ed2go course (i.e. Name of community college, ESA, ISD, etc…): _____

_____

Name: _____ **Student ID#** _____
Last First Middle Initial

Address: _____
Street City State Zip

County: _____ **Home Phone:** _____-_____-_____**Cell Phone:** _____-_____-_____

E-mail address: _____

Place of Employment (District/Bldg.): _____

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

Student Signature: _____ **Date:**_____