

## PROFESSIONAL DEVELOPMENT REGISTRATION FORM

Please print:				
Hamline ID/Social Security Number:				
Name:				
Last First		Middle		
Address:				
Street	City	State	Z	ip
Home Phone: ( )	Work Phone:_(	)		
E-mail (required):				
Date of Birth (month/day/year):Gend	er:   Female [	□ Male		
Optional - If you wish to be identified with a particular ethnic group, please	select what most a	ccurately describes your	heritage.	
Are you of Hispanic or Latino descent? ☐ Yes ☐ No  Please check all that apply: ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander	☐ Asian ☐ White	☐ Black or African	American	
Return completed form: Phone registration is not accepted.				
<ul> <li>by fax to 651-523-2585 (Contact 651-523-3000 for fax contact by mail to Hamline University, Graduate Registration MS-tin person to Student Administrative Services, East Hall 11:</li> <li>Enrollment Status:</li></ul>	A1750, 1536 Her 3	witt Ave, St. Paul MN		
Please register me in the following course(s): TERM: □ Fal	l Year: <b>2017</b>	,		
Subject and Course # 5-Digit Course Title (i.e. LANG 7901) CRN (i.e. 12345)	1 1 Car. 2017	Start Date	Credits	Cost
SCED 6998 14750 MnSTA Professional Development in Science Education	nent Conferenc	e 11/10/2017	1	\$260
Payment Options: Payment Options: Tuition is due and payable in full by a semester is due by the first class session of the first class. If you have question  □ Check for \$	ons, contact Studen e University. (A \$2	nt Administrative Services 20 fee will be charged for	s at 651-523-	3000.

- ACH E-check payments for no fee—you will need your bank routing and account numbers.
- Credit card payments via MasterCard, Visa, Discover or American Express with a 2.75% convenience fee.