CHAPMAN UNIVERSITY COLLEGE
EXTENDED EDUCATION

REGISTRATION FORM
Responsive Classroom 2009

Mail or fax to: **Chapman University College**
Attn: Extended Education
1 University Drive
Orange, CA 92866
Fax: 949-754-1337

Questions
Contact: Jan Luxembourger
E-mail: luxembou@chapman.edu
Phone: (714) 744-2174

Name:	**CREDIT INFORMATION:** These professional development courses award graduate elective units which are not part of a degree program but instead are used for professional advancement. One semester unit is equivalent to 15 hours. **SPECIAL NEEDS:** Any individual who, because of disability, needs special accommodation with respect to any university policy, practice, service, or benefit should notify the university.
Address:	
City:	
State: Zip:	
Phone Number:	
SSN:	
Email:	

Check Appropriate Course (s)	**Course Number**	**# of Units**	**Registration Fee**
__Responsive Classroom I	ED/B 9174	3	$180
__Responsive Classroom II	ED/B 9134	3	$180
Method of Payment		**TOTAL**	

Credit Card : ____VISA ____MC ____ Discover Check #: _____ (Attached) Payable to "Chapman University"

Card Number: __ __ __ __/__ __ __ __/__ __ __ __/__ __ __ __

Expiration Date: _____/ _____
Month Year

Signature: Date:

DETACH HERE FOR YOUR RECEIPT

Name: _____Date: _____
Total Payment: _____
Payment Type: CREDIT CARD / CHECK #

Course #: _____
Course Title: _____

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REFUNDS: **You may request a refund in writing postmarked 30 days from your registration date. A $20 processing fee will be withheld. After 30 days, there are no refunds**

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PLEASE DO NOT ORDER AN OFFICIAL TRANSCRIPT UNTIL YOU RECEIVE YOUR CHAPMAN GRADE REPORT

8/3/2009 2:31 PM Revision Date