PROFESSIONAL DEVELOPMENT REGISTRATION FORM

Please print:

Hamline ID/Social Security Number: ____________________________

Name: ______________________________________________________

_________________________       _______________       _______________
                     Last                   First                   Middle

Address: ___________________________    ___________________________    ___________________________    ___________________________

                                      Street       City       State       Zip

Home Phone: (____________________)  Work Phone: (____________________)

E-mail (required): _____________________________________________

Date of Birth (month/day/year): ____________________________    Gender:       ☐ Female       ☐ Male

Optional - If you wish to be identified with a particular ethnic group, please select what most accurately describes your heritage.

Are you of Hispanic or Latino descent?       ☐ Yes       ☐ No

Please check all that apply:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Return completed form

☒ by fax to 651-523-2585

☒ by mail to Hamline University, Graduate Registration MS-A1750, 1536 Hewitt Ave, St. Paul MN 55104-1248

☒ in person to Student Administrative Services, East Hall 113

Call Student Administrative Services at 651-523-3000 with registration questions. Phone registration is not accepted.

Enrollment Status:

☐ I am admitted to a Hamline program in (list)

☐ I have never taken a course at Hamline.

☐ I last took a course at Hamline in (year):

If I enrolled under a different name, what name?

________________________________________________________________________

Educational Background—list college/university attended, years of attendance, and degree earned:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please register me in the following course(s):

TERM: ☐ Winter/Spring    Year: 2016

<table>
<thead>
<tr>
<th>Subject and Course # (i.e. LANG 7901)</th>
<th>5-Digit CRN (i.e. 12345)</th>
<th>Course Title</th>
<th>Start Date</th>
<th>Credits</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 6998</td>
<td>33672</td>
<td>Topics in Adult Language &amp; Literacy</td>
<td>1/28/2016</td>
<td>1</td>
<td>$173</td>
</tr>
</tbody>
</table>

Payment Options: Tuition is due and payable in full by the first class session.

☐ Check for $_______________________ is enclosed, payable to Hamline University. (A $20 fee will be charged for all returned checks.)

☐ Electronic online payment through Piperline. Please see www.hamline.edu/billing for more information.

  Electronic payment options:
  • 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.