

## Professional Development Program

### Permit to Register Form

[Registration must be submitted no later than 2 weeks after completing the professional development training.]

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

*+Required Fields \*For statistical purposes online. Responses are not required, but would be greatly appreciated.*

#### + Enrollment Status:

☐ New Student ☐ Returning Student

+ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

+ Gender: ☐ Male ☐ Female

+ Marital Status: ☐ Married ☐ Single

+ Social Security Number: (required for 1098T tax forms)

#### + Citizenship:

- ☐ United States ☐ Resident Alien  
☐ Non-Immigrant Alien – specify country  
☐ American Indian/Alaskan Native

**Tuition Rate:** \$150.00 per credit (pay in full only)

**Total Number of Credits:** \_\_\_\_\_

**Total Tuition: (\$150 x # of credits):** \_\_\_\_\_

#### Payment Options:

1. Online by credit card (service fee will be charged) or electronic check.
2. Submit this form with your personal check or money order.

**\*Tuition is Non-Refundable\***

#### Be sure to Submit:

1. This completed Registration Form
2. Tuition Payment
3. PDP Course Assignment Upon Completion of professional training program(s)

**Course Information:** Are you participating in professional development training (workshop, conference, seminar) that is

#### + Do you hold a Teaching Certificate?

☐ Yes ☐ No

If no, please indicate your job position:

- ☐ Administrator ☐ School Psychologist  
☐ Other: \_\_\_\_\_

#### \* Ethnic/Racial Group:

- ☐ White, Non-Hispanic ☐ Hispanic American  
☐ Black, Non-Hispanic ☐ Asian or Pacific Islander

\* Religion (specify): \_\_\_\_\_

being offered by an organization that has arranged credit with our department?

☐ Yes ☐ No

**If yes,** indicate the Madonna course #(s) and title(s) provided by the facilitator/instructor.

EDU \_\_\_\_\_ # of credits: \_\_\_\_\_

Title: \_\_\_\_\_

EDU \_\_\_\_\_ # of credits: \_\_\_\_\_

Title: \_\_\_\_\_

**If no,** please ensure that the training you plan to attend meets the criteria necessary to qualify for non-degree graduate credit. Information on what qualifies can be found on our website: [www.madonna.edu/PDP](http://www.madonna.edu/PDP).

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Send all Correspondence to:

Madonna University  
Education Division – PDP  
36600 Schoolcraft Road  
Livonia, Michigan 48150

#### Contract us for Assistance:

Cierra Sutherland – PDP Coordinator  
Phone: 734.432.5697  
[PDP@madonna.edu](mailto:PDP@madonna.edu)  
[www.madonna.edu/PDP](http://www.madonna.edu/PDP)