

COURSE REGISTRATION FORM
Special Ed Alternate Route to Certification (SPARC)
FALL 2008
University of Maine at Farmington

A. INFORMATION ABOUT PAYMENTS, COSTS AND REGISTRATION PROCEDURES:

PAYMENT IS DUE WHEN YOU REGISTER. If an outside agency or school is to pay for the cost of your course, a purchase order **MUST** accompany your registration. ***No registration will be accepted without accompanying payment.***

- 1) Your registration will be processed once a purchase order or other payment is received.
a.) If your District or Agency is paying for this course, please attach a purchase order to the completed registration form and mail (or fax to 778-7555) both to:

UMF Office of Records and Registration, 224 Main Street, Farmington, ME 04938

- b.) If you are responsible for payment for this course yourself:**
- I. If you are **paying by personal check**, you **must** send a check for payment along with the course registration form to the **Office of Records and Registration** at the address above; or
 - II. If you are **paying by debit or credit card**, fax (778-7555) or mail the course registration to the **Office of Records and Registration** at the address above. You **must also** call Student Accounts at 778-7252 to give them your credit card information when you register for this course by fax or by mail and you are paying by debit or credit card.

- 2) **Costs per course:** In-State Tuition: **\$981*** and Fees **\$121**.
** Tuition and fees are estimated for the Fall 2008 semester. The University reserves the right, up to the date of final registration for the academic term, to make adjustments as may be deemed necessary by the Board of Trustees. Students will be billed additional charges if tuition and/or fees change after they have enrolled.*

B. REGISTRATION ELIGIBILITY:

- 1) You must have a bachelor's degree to register for this graduate level course. From what institution did you receive your bachelor's degree? _____

C. REGISTRATION INFORMATION:

- 1) **PRINT NAME:** _____
Last First Middle
- 2) Please indicate any other name(s) under which you may have previously registered: _____
- 3) **SOCIAL SECURITY NO:** _____ 4) **DATE OF BIRTH:** _____
- 5) **MAILING ADDRESS:** _____
Address City/Town State Zip Code
- 6) **DISTRICT/EMPLOYER:** _____ 7) **SCHOOL:** _____
- 8) **POSITION:** _____ 9) **GRADE(S) TAUGHT:** _____
- 10) **HOME PHONE:** _____ 11) **BUSINESS PHONE:** _____
- 12) **E-MAIL ADDRESS:** _____

CHECK IF YOU DO NOT WANT THIS INFORMATION RELEASED (If this box is checked, all further transactions regarding this course must be conducted in person or in writing.)

Check Appropriate Box(es)	COURSE #	COURSE TITLE	COSTS
<input type="checkbox"/>	SED 504	Collaborative Partnerships Among Individuals w/ Disabilities, Families & Professionals .	\$981.00*
<input type="checkbox"/>	SED 506	Assessment in Special Education.	\$981.00*
<input type="checkbox"/>	SED 508	Classroom and Behavior Management of Students with Disabilities	\$981.00*
<input type="checkbox"/>	SED 510	Teaching Decoding and Spelling Skills to Students with Mild to Moderate Disabilities . .	\$981.00*
FEES			
A. Outreach Fee (\$50 <i>per course</i>).			\$50.00
B. Unified Fee (\$71.00 up to 6.5 credits; \$141.00 for 7-11.5 credits; \$275.00 over 11.5 credits).			\$71.00*
TOTAL			

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SIGNATURE: _____ **DATE:** _____