

SIGNATURE:

CONCORD UNIVERSITY EXTENDED LEARNING PROGRAM



Professional Development

Course Registration Form

Professional Development courses do not count as credit towards undergraduate or graduate degrees at Concord University. Credits granted are considered non-degree graduate credits. These courses are graded as Pass (P) or Fail (F).

						
If you have been assigned a Concord University id	lentification number	, please enter it here:	774-			
NAME: (Please Print)					SOCIAL SECURITY N	IIIMRER:
TVAIVE. (Flease Fillit)					SOCIAL SECONTT N	OWIDER.
				_		-
(Last*) (First) *If you already have a record with CU under a differen	nt last name, please prov	(Middle) vide a legal copy of name	change (i.e. marriage			
	certificate)					
MAILING ADDRESS:						
(Street or P.O. Box)		(City)			(State)	(Zip Code)
(Street of P.O. Box)	MAIN	(City)		ALTERNA		(Zip Code)
BIRTH DATE: Mo Day Yr	TELEPHONE	()		TELEPHO	NE: ()	
	_	(area code)		_	(area code)	
GENDER: Male Female	EMAIL ADDRESS:					
CENSEN. Similar Stemate	EWAIL ADDRESS.					
CERTIFICATION:	CITIZEN STATUS:			ETHNIC G	ROUP: (Required for F	aderal Penorting)
Are you a certified teacher	U.S. Citize	an (01)			White, Non-Hispanic (0:	
within the state of West Virginia?		nt Resident with Alien C	ard (02)		African American (02)	-,
YES NO*		enclose copy of both si			Hispanic (03)	
			ues of card)		•	14)
*For directions on requesting an official transcript	Refugee (. (04)		Asian, Pacific Islander (0	
reflecting earned credits from Professional		migrant/Other Visa Type			American Indian/ Alaska	, ,
Development courses, please refer to the		tional materials may be			Black, Non-Hispanic (06)
next page.	Type Birt	th Nation Leg	gal Nation			
- FDUGAT	ION INFORMATION	December 2011		d . d		
EDUCATI		have obtained a BA or BS to	niversities you have at enroll)			
College or University	City	y & State	Dates Attend (MM/YYYY) to (M		Graduation Date (MM/YYYY)	Degree Obtained (MS, BA, BS)
contact of the contact of		,	(,,	, ,	(completely)	(,,,
	REGISTRATION INFO	ORMATION: (Please list	each course separately)		Course Date(s	/Semester:
Course Title (Required)	Co	urse Number (CRN)	Section Num	ber	(MM/DD/YYYY) to	
1) ShapeWV 2024		10732	30N		Fall 20	024
2)						
3)						
I understand that all information is required and that any n	nissing information will a	delay the processina of my	application. I affirm that	the informat	ion I have provided on th	is application form
is accurate and true. Providing false information will lead t	to removal from the cour	rse(s). In order to receive		-	•	
be completed and submitted to our office before the end do	ate oj tne course term se	et by WVDE.				

DATE:

Applicant Name:	'Last, First)	

CONCORD UNIVERSITY EXTENDED LEARNING PROGRAM

Non-degree graduate credit is \$33/1 hour* (Non-refundable)

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wish to pay by:		Credit Card	Debit Card
	VISA	MASTERCARD	DISCOVER
	Card	holder's Signature	
		Card Number	
Expiration Date		Charge Amount	Billing Zip Code
	ike check payable to:		
BIVIII REGISTRA	TION FORM AND F	er@concord.edu	
	CCOTTIN	OR	
		tended Learning	
		r. David Campbell O. Box 1000	
		npus Box F-30	
		ens, WV 24712	
	_	<u>OR</u>	

OFFICIAL TRANSCRIPTS:

*Official transcripts are NOT included in the \$33/credit hour fee.

If you choose to request an official transcript for licensure, certification, or permit renewal with the WVDE - electronic transcripts are available through The National Student Clearinghouse at:



www.getmytranscript.org

All others requesting official transcripts need to email CU Registrar's office at registrar@concord.edu or call 304-384-5237.

Transcripts reflecting these credits will become available beginning December 22, 2024

Questions concerning CU non-degree, graduate credit? Contact:

Erin Conner, Program Assistant - 304-384-5130 or econner@concord.edu

Dr. David Campbell, Program Coordinator - 304-384-5331 or dcampbell@concord.edu

Fax: 304-913-6099

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