



REGISTRATION FORM

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home E-Mail: _____

School E-Mail: _____

School: _____ District: _____

Date of Birth: _____ (mm/dd/yyyy)

Social Security Number: _____

Course Date	Course No.	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBMIT

Graduate Elective Credit

IMPORTANT CREDIT INFORMATION

Graduate level elective credit will be awarded for credit-based courses upon successful completion of course requirements. These credits are professional development units that are not part of a degree program but instead are primarily used for professional advancement (such as salary increment steps and recertification). One semester credit is equivalent to 15 hours. Students should seek approval of appropriate district or college officials before enrolling in this course(s) to satisfy any degree, state credential, or local school district requirements. State licensing departments vary regarding their criteria for credit acceptance and some states may not accept credit from universities located outside the state. Once payment has been received by ECC, tuition is NON-REFUNDABLE.