



Office of Professional Development

4545 College Rd

South Euclid, OH 44121

PHONE: 216-373-6520 / FAX: 216-916-4176

REGISTRATION FORM

Name _____
(Last) (First) (Middle)

Dob _____ Social Security Number _____

Address _____
(Number & Street) (City) (State) (Zip)

Phone _____ Email _____

Place of Employment _____

Previously attended Notre Dame College? _____ NO _____ YES YEAR _____

If this is your first course taken for graduate credit at Notre Dame College, a copy of a valid teaching license verifying your undergraduate degree is required.

Term of TEI course...

_____ Summer (Jun-Aug) _____ Fall (Sep-Dec) _____ Spring (Jan-May)

COURSE NO COURSE TITLE CR HRS DATES OF COURSE

