



Alverno College
Special Course
REGISTRATION FORM

Name _____ Date _____
Last First Middle (Last Name at Birth)

Street Address _____ Phone _____

City, State, Zip _____ SS# _____

EMPLOYMENT INFORMATION

School Name _____ Phone _____

Street Address _____ Grade _____

City, State, Zip _____ Subject _____

Email address: _____

PLEASE REGISTER ME FOR THE FOLLOWING COURSE

Course Number	Course Description	Number of Credits
ED 698	Effectively Serving Latino/a Students in the Classroom	1 credit

PLEASE NOTE: *Location: Research Center for Women and Girls (CL133)*
Time: 4:00-6:00 p.m. Dates: 2/10/10, 2/24/10, 3/9/10, 3/24/10, 4/14/09,

PERSON TO BE NOTIFIED IN EMERGENCY
Name _____
Home _____ Work _____
Phone _____ Phone _____

EDUCATIONAL BACKGROUND

Bachelor's
Degree _____ Date _____ From _____

Master's
Degree _____ Date _____ From _____

Please check one: I am a previous Alverno student.
Year(s) enrolled: _____ Program _____
 I have never attended Alverno.

I hereby certify that all of the above information is true: _____
Signature

I do not wish to take this course for Graduate credit.
This course is offered free of charge if not taken for Graduate Credit.

I wish to take this course for 1 Graduate Credit.
Tuition for this 1 graduate credit course is \$165. Please attach a check made out to Alverno College or indicate a credit card and return to fax number (414) 288-3945 or mail to:

Marquette University, Schroeder Complex
561 N. 15th Street
Attn: Yadira M. López
Milwaukee, WI 53233

Visa _____ (number)
 MasterCard _____
 Discover _____ (expiration date) Signature _____