

ASHLAND UNIVERSITY
PROFESSIONAL DEVELOPMENT SERVICES
Meeting Your Graduate Credit Needs!

Correctional Education Association
 Phone: (800)783-1232 Fax: (443)459-3088

Present Date: _____ Social Security Number: _____
(mo.) (day) (year)

Name: _____ Phone: _____
(last) (first) (middle) (area code)

Other names under which you have registered: _____

Home Address: _____
(number & street) (city) (state) (zip) (county)

Date of Birth: _____ Gender: male female E-mail (optional): _____
(mo.) (day) (year)

Place of Employment: _____ Work Phone: _____
(District) (School) (area code)

- Black or African American American Indian or Alaska Native Asian
 Hispanic or Latino White Native Hawaiian or other Pacific Islander

I have at least a bachelor's degree: yes no
 I have a valid teaching certificate/license: yes no

PAYMENT DUE UPON REGISTRATION

Total Cost: \$547.00

Class No.	Cr. Hrs.	Class Title
6130 F1	3	Reflective Practice in Correctional Education

Credit: Undergraduate Graduate

Student Signature

METHOD OF PAYMENT:

Check # _____ Credit Card: _____ MC _____ VISA _____ Discover _____ AMX
Make check payable to EWU
 # _____ Exp. Date _____

I hereby authorize the use of my credit card for payment of the above listed graduate credit charges.

 Signature of Credit Card Holder

Submit Registration and tuition payment to:
Correctional Education Association
8182 Lark Brown Road, Suite 202
Elkridge, MD 21075
Fax: 443-459-3088