

**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: \$532.00**

Class No.	Cr. Hrs.	Class Title
6120 G1	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**