



REGISTRATION FORM

ENROLLMENT INSTRUCTIONS:

Use one registration form per person per course.

Dr. Mr. Ms. Mrs.

First Name Middle Initial Last Name

Social Security Number Date of Birth

Home Street Address Home City Home State Home Zip

School Phone Home Phone Email Address (required)

School Name Position Grade Level School District

School Street Address School City School State School ZIP

Do you have a bachelor's degree? Yes No In what year was your bachelor's degree granted? _____

Would you be interested in an online master's program? Yes No What is your highest level of education? _____

Why are you taking this course? Recertification Salary advancement Master's plus Professional development Other

When is your teaching license/certificate due for review/renewal? Month _____ Year _____

What type of Internet connection will you use for the graduate course? Dial-up High-speed

Check here if you prefer to complete your *Collaboration Assignments* in an online discussion board with other teachers.

OPTIONAL Gender: Male Female

Ethnicity: Asian Black/African-American Caucasian Hispanic Native American Other Pacific Islander

I AM ENROLLING IN: (Each course earns 3 semester hours of credit)

- EDU 568TCH Teacher as Leader, K-12
- EDU 570TCH Instructional Design, K-12
- EDU 569TCH Understanding Teaching & Learning, K-12
- ERS 500TCH Research-Based Instructional Strategies to Improve Student Achievement, K-12
- MTH 515TCH Measurement and Geometry For Elementary Students, Grades K-5
- RDG 500TCH Foundations of Reading, K-6
- MTH 500TCH Fundamentals of Mathematics: Teaching for Conceptual Understanding, 2-6
- MTH 501TCH Proportional Reasoning in the Middle Grades, 6-8
- EDU 622TCH Meeting the Needs of All Students, K-12
- EDU 618TCH Effective Assessment, K-12
- MTH 505TCH Problem Solving and Numbers & Operations for Elementary Students, K-5



Do you have a current Teachscape Account? Yes No

METHODS OF PAYMENT: (Complete payment information required)

- CHECK #** _____ Make check payable to: Teachscape
- CREDIT CARD** VISA MasterCard Discover American Express

Card# Expiration Date

Cardholder Name Cardholder Signature

PURCHASE ORDER # _____

Bill to Phone

Street Address City/State/ZIP

MONEY BACK GUARANTEE:

If you are not completely satisfied with the course within the first 2 weeks, you may receive a refund of 100% of your tuition and materials fee.

GROUP DISCOUNTS:

To qualify, registration forms must be submitted together, at the same time.

- 2-4 enrollees *Deduct \$20.00 each*
- 5-9 enrollees *Deduct \$30.00 each*
- 10-14 enrollees *Deduct \$40.00 each*
- 15+ enrollees *Deduct \$50.00 each*

PAYMENT AMOUNT: (USD)

Tuition..... \$450.00
Less Group Discount..... \$_____
 Total \$ _____

MAIL OR FAX TO:

Teachscape Graduate Courses
 21243 Ventura Blvd., Suite 211
 Woodland Hills, CA 91364
 Phone: 1-877-984-7277
 Fax: 1-818-716-7606