

Northwest Nazarene University
**PROFESSIONAL DEVELOPMENT
 REGISTRATION FORM**

Office Use Only	
STUDENT ID	S
Catalog	PR09
Session	YR09
Program	PROF

STUDENTS *MUST* REGISTER AND PAY AT THE BEGINNING OF THE CLASS

This Professional Development course is treated the same as any university class. If you wish to drop the course you must complete a Course Drop Request Form (available from your instructor or NNU). Drops must be received before the course completion date; otherwise the grade received will remain on your permanent transcript. **No** tuition refunds are given for Professional Development courses.

After grades are posted, you will receive a grade letter/transcript. This is an official transcript that is accepted by both the State Department of Education for recertification and by school districts. Grades will be posted to the permanent transcript at the same time. If you need additional transcripts, they may be obtained either by written request to the NNU Registrar's Office or via the Internet at www.nnu.edu/transcripts **NNU does not charge for transcripts.**

Title Miss Mrs. Ms. Mr. Dr. (Please provide full LEGAL name)

Name _____ / _____
 Last First Middle Maiden--if applicable

Address _____
 Street / Route / PO Box City State Zip

Preferred E-mail contact: _____

Home (_____) Work (_____) Social Security # _____

M F Date of Birth _____ Place of Birth _____

U.S. Citizen Yes No If no, what country? _____ Have you taken classes from NNU before? Yes No

Ethnicity: American Indian Alaskan Native Black, Non Hispanic Hispanic Asian or Pacific Islander White, Non Hispanic

Highest College or University Degree held:

Degree Type	College/University	City/State
BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> DR <input type="checkbox"/> No Degree <input type="checkbox"/>		

NOTE: Continuing Education courses are designed for professional development and do not normally count towards a program degree. Participants must have a minimum of a BA or BS to register for 550 level courses. All others will be registered in an undergraduate level course.

Dept & No.	Course Title	# Credits or CEUs	Course Dates	Location	Instructor

Payment Amount \$	Cash	Check #	Bill to: (Must have approved purchase order)
Type of Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> Am Exp <input type="checkbox"/> Disc <input type="checkbox"/> M Card		
Credit Card #			Exp Date: (MM/YY)

I certify that the statements in this application are true and correct to the best of my knowledge.

 Full Legal Signature of Applicant

 Date

Pink copy is your official receipt – Please print firmly!

Return remaining copies, along with your payment, to Northwest Nazarene University

Center for Professional Development

623 Holly Street - Nampa, Idaho 83686 * 208-467-8439 - 800-349-6938 - fax 208-467-8426

www.nnu.edu/continuingstudiesed

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