

Northwest Nazarene University
PROFESSIONAL DEVELOPMENT
REGISTRATION FORM

Office Use Only	
STUDENT ID	S
Catalog	PR11
Session	YR11
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.

Grades will be posted to the permanent transcript after the course completion date. Transcripts 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: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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 toward an academic degree. Participants must have a minimum of a BA or BS to register for 5000 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 <input type="checkbox"/>	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 on this form 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



NORTHWEST NAZARENE
 UNIVERSITY

Center for Professional Development

623 S. University Blvd. - Nampa, Idaho 83686 * 208-467-8439 - 800-349-6938 - fax 208-467-8426
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Rev 04/2011