

Graduate Programs in Education Off-Campus Course Registration

EGAL NAME First		Middle	
ast			
1aiden			
MAILING ADDRESS Street/RR/PO Box			
City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vork (Cell (
, ,			
mail Address (Personal) mail Address (Work)			
PERMANENT ADDRESS (if different from above)	,		
City			
DATE OF BIRTH _ / /			
GENDER Female Male MARITAL S	TATUS Single Magnied	•	
•	-		
CITIZEN STATUS U.S. Citizen Resident	Allen		
		RELIGIOUS PREFEREN	CE
RACE AND ETHNIC BACKGROUND (answer b		Baptist □	CE
Are you Hispanic or Latino/Latina? 🛚 No, not H	•		
•	inic or Latino/Latina	☐ Jewish	
What is your race? (select one or more)		☐ Lutheran	
American Indian or Alaska Native	,	☐ Methodist	
Asian (country of family's origin)	☐ None	
Black or African American		☐ Other	
Native Hawaiian or Other Pacific Islander White			
HIGHEST DEGREE HELD			
Deg	gree	Name/Location of College or Univer	sity
HAVEYOU PREVIOUSLY EARNED CREDITS F			
MPLOYER (School name and district)		Grade I	_evel
Catholic Parochial School Teacher	□ No	•	
	TO A THOM INTO DA	MATION	
PART TWO—COURSE REGIST	RATION INFORM	IATION	
510 111	- Getting The Mo	est Out of Your Chromebook	edits1
EDUC Course # 510-111 Section #	Course Title Octains The Mod	Mary Maderich	edits
OCATION Ashland OATES Start Date 02 / 16 / 15	End Date 03 / 16	, 15	•
DATES Start Date / /	End Date /	7	
certify that all information in this course registration is	complete and accurate to the be	st of my knowledge.	
ignature		Date	
iterbo University is committed to providing equal educ	cational and employment opportu	nities regardless of sex, race, color, relig	ion, age,
ational origin, or handicap in compliance with Title VI, T	that a IV and an artists FOX		

Viterbo University Off-Campus Center
Wisconsin: 2323 South 109th Street, Suite 375, West Allis, WI 53227 • 414-321-4210 or 800-234-8721 • FAX 414-321-9113