

Graduate Programs in Education Off-Campus Course Registration

EGAL NAME First			dle	
astlaiden				
IAILING ADDRESS Street/RR/P	O box	State	Zip	
lome Phone ()	Work ()	Cell ()	
mail Address (Personal)	•			
mail Address (Work)				
ERMANENT ADDRESS (if differ	ent from above) Street/RR/PG	O Box		
ity		State	Zip	
ATE OF BIRTH /	·			
ENDER Female Male	MARITAL STATUS	Single Married		
CITIZEN STATUS 🔲 U.S. Citizen	☐ Resident Alien ☐	Refugee/granted politica	l asylum	
	nt Alien Of what country a			
ACE AND ETHNIC BACKGRO			RELIGIOUS PREF	ERENCE
re you Hispanic or Latino/Latina	-		☐ Baptist	
re you raspance or Laumor Laum	☐ Yes , Hispanic or Latino		☐ Catholic	
/hat is your race? (select one or	•	, marita	☐ Jewish	
American Indian or Alaska Native			☐ Lutheran ☐ Methodist	
Asian (country of family's origin)	☐ None	
Black or African American			☐ Other	
Native Hawaiian or Other Pacific Is	slander			
] White				
IGHEST DEGREE HELD			N	. I laivanaine
AVEYOU PREVIOUSLY EARN	Degree	DO LINIVEDEITY (f.	Name/Location of College of	
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Catholic Parochial School Tea				Grade Level
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PART TWO_COURS	SE REGISTRATIO	N INFORMA	TION	
DUC Course # <u>549-052</u> S	ection # Course T	itle WISELearn Digital	Content Curation Project	Credits_1
OCATION Ashland		INSTRUCTOR_M	ary Maderich	
ATES Start Date 04 / 14	/ 15 End Date		15	
ertify that all information in this cou	irse registration is complete ar	id accurate to the best o	of my knowledge.	
gnature			Date	
terbo University is committed to pr	and the management of the state		on regardless of any mass sol	or religion ass
CARDO I INIVARSITY IS COMMITTED TO DE	oviding eduai educational and e	employment opportuniti ection 504.	es regardiess or sex, race, cor	or, rengion, age,

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