



# Graduate Programs in Education Off-Campus Course Registration

## PART ONE—STUDENT INFORMATION

Complete ALL PARTS of this form. Please PRINT.

SOCIAL SECURITY NUMBER \_\_\_\_\_

LEGAL NAME First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

Maiden \_\_\_\_\_ Other \_\_\_\_\_

MAILING ADDRESS Street/RR/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address (Personal) \_\_\_\_\_

Email Address (Work) \_\_\_\_\_

PERMANENT ADDRESS (if different from above) Street/RR/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GENDER  Female  Male      MARITAL STATUS  Single  Married

CITIZEN STATUS  U.S. Citizen     Resident Alien     Refugee/granted political asylum  
 Non-resident Alien    Of what country are you a citizen? \_\_\_\_\_

RACE AND ETHNIC BACKGROUND (answer both questions)

Are you Hispanic or Latino/Latina?  No, not Hispanic or Latino/Latina  
 Yes, Hispanic or Latino/Latina

What is your race? (select one or more)

- American Indian or Alaska Native
- Asian (country of family's origin \_\_\_\_\_)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

RELIGIOUS PREFERENCE

- Baptist
- Catholic
- Jewish
- Lutheran
- Methodist
- None
- Other \_\_\_\_\_

HIGHEST DEGREE HELD \_\_\_\_\_ Degree \_\_\_\_\_ Name/Location of College or University \_\_\_\_\_

HAVE YOU PREVIOUSLY EARNED CREDITS FROM VITERBO UNIVERSITY (formerly Viterbo College)?  Yes  No

EMPLOYER (School name and district) \_\_\_\_\_ Grade Level \_\_\_\_\_

Catholic Parochial School Teacher  Yes  No

## PART TWO—COURSE REGISTRATION INFORMATION

EDUC Course # 548 Section # 003 Course Title Digital Tools For Writing Across the Curriculum Credits 1

LOCATION CESA #12 INSTRUCTOR Mary Maderich

DATES Start Date 10 / 20 / 14 End Date 11 / 17 / 14

I certify that all information in this course registration is complete and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Viterbo University is committed to providing equal educational and employment opportunities regardless of sex, race, color, religion, age, national origin, or handicap in compliance with Title VI, Title IX, and section 504.

PLEASE ALLOW A MINIMUM OF 6 WEEKS FROM THE COMPLETION OF A COURSE TO THE TIME AT WHICH GRADE REPORTS AND TRANSCRIPTS ARE AVAILABLE. TRANSCRIPT REQUESTS MUST BE MADE, IN WRITING, TO THE OFFICE OF THE REGISTRAR. VETERAN BENEFITS ARE NOT AVAILABLE FOR THIS COURSE.

Viterbo University Off-Campus Center  
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