CHAPMAN UNIVERSITY COLLEGE
EXTENDED EDUCATION

REGISTRATION FORM
21st Century Schools

Mail or fax to: **Chapman University**
Attn: Extended Education
One University Drive
Orange, CA 92866
Fax: (714) 744-2190

Questions
Contact: Jan Luxembourger
E-mail: luxembou@chapman.edu

Name:	**CREDIT INFORMATION:** These professional development courses award graduate elective units which are not part of a degree program but instead are used for professional advancement. One semester unit is equivalent to 15 hours. **SPECIAL NEEDS:** Any individual who, because of disability, needs special accommodation with respect to any university policy, practice, service, or benefit should notify the university.
Address:	
City:	
State: Zip:	
Phone Number:	
SSN:	
Email:	

Check Appropriate Course (s)	**Course Number**	**# of Units**	**Registration Fee**
Smaller Learning Communities	EDUC 9853B	1	$ 65.00
Method of Payment		**TOTAL**	

Credit Card : ____VISA ____MC ____ Discover Check #: _____ (Attached) **Payable to "Chapman University"**

Card Number: __ __ __ __/__ __ __ __/__ __ __ __/__ __ __ __

Expiration Date: _____/ _____
Month Year

Signature: Date:

DETACH HERE FOR YOUR RECEIPT

Name: _____Date: _____ Course #: _____
Total Payment: _____ Course Title: _____
Payment Type: CREDIT CARD / CHECK #

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REFUNDS: Chapman University reserves the right to cancel programs due to insufficient registrations, instructor illness, severe weather or natural disaster. In the event of course cancellation, registrants are notified immediately and fees are returned. A $20 processing fee is charged for registrant cancellations.

To request an official transcript: www.chapman.edu/ExEd/k-12/forms/transcriptReq.asp