

Registration Worksheet

EPB 583 Best Practices in Adolescent Literacy

Semester (check one) " Fall " Spring "Summer Date _____ / _____ / _____

Name _____
_____ / _____ / _____

Last, First, Middle Initial Social Security Number

Home
address _____

Street, City, State, Zip Telephone

Local
Address _____

Street, City, State, Zip Telephone

Birthdate _____ / _____ / _____ Male _____ Female

E-mail
Address _____

Course Schedule

CRN Department Number Pass/Fail Audit Credits

EPB 583 N/A N/A 3.0

Registration Instructions

Tuition: \$843.00 (\$810.00/Tuition, \$33.00/Unified Fee)

1. Complete this registration worksheet

2. Appropriate payment or School Purchase Order must accompany registration form.
3. Checks should be made payable to: **University of Southern Maine.**
4. Completed registration form and payment must be brought or mailed to:
Professional Development Center,

University of Southern Maine, 37 College Avenue, 119 Bailey Hall,
Gorham, ME 04038

Method of Payment:

Check Enclosed

Purchase Order # _____ School
District _____

Address _____

Credit Card (circle one) VISA, Mastercard, Discover Expires: ____/____ Security
Code _____

Card Number ____/____/____/____ Signature
