

Course Registration Form

Kennesaw State University
 Educational Technology Training Center
<http://www.ksuetc.org>

Unless stated otherwise, all courses are approved for SDU credit. Please feel free to duplicate this form if necessary. Registration will be handled on a first-come, first served basis. A confirmation will be mailed.

YOU WILL NOT BE PLACED IN A CLASS UNTIL PAYMENT IS RECEIVED.

Mail this Registration Form **WITH PAYMENT** to:

KSU Educational Technology Center
 1000 Chastain Road, Kennesaw Hall Mailbox #0127, Kennesaw Georgia 30144
 Phone: (770) 499-3262

Last Name _____ First Name _____ MI _____ SS# _____,

Date of Birth _____, Teacher's Certificate _____, Education Level _____

Subject _____, Title _____,

Home Address _____, City _____

State _____, Zip _____ Hm. Phone _____, Email _____

School System _____, School Name _____

School Address _____, City _____

State _____, Zip _____ School Phone _____, Email _____

Fax #: _____ - **PLEASE INCLUDE!**

Date	Course Title	Location	Course #	Time	Fee

Classes are subject to cancel if a minimum number of 5 are not enrolled 10 days prior to start date.

Form of Payment: Check Enclosed
 PO Enclosed

Please make checks or PO payable to the KSU Educational Technology Training Center.

You must withdraw from a class 5 business days before the class in order to receive a VOUCHER for the class.

No refunds will be given.

FOR OFFICE USE ONLY:

DATE STAMP (STUDENT ASSISTANT)	FAXED AN ETTC FAX CONFIRMATION (STUDENT ASSISTANT)	ENTERED IN ROSTER ON THE WEB	MAILED CONFIRMATION LETTER/INVOICE	PHOTOCOPY FOR EACH CLASS AND FILE COPIES IN INVOICE BINDER	RECEIVED PAYMENT