

# 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