



Dear Educator:

Thank you for choosing California State University Fullerton for your Professional Development university credits. These units are designated 900 course numbers and are graduate level courses earning semester credit for professional development and can be applied as a means towards movement on your district salary schedule or towards the renewal of your credential. (The units are not applicable for Master's degrees.) You can earn three semester units of credit for the approved Multiple Intelligences and Technology course.

Please read and complete:

- Registration Form (please enclose a personal check or credit card information)

CSUF requires registration payment of \$270 for the three semester unit course, and satisfactory completion of all coursework in order to earn credit. Registrations for the Summer 2004 semester must be received by August 10, 2004. Official transcripts and grades will be available 4-6 weeks after that date. If you are registering for credit after this date, please email me for an updated registration form with the current semester course numbers.

If you have any questions please contact me at: (714) 278-2950 or [fjennings@fullerton.edu](mailto:fjennings@fullerton.edu)

Sincerely,

Faith G. Jennings  
Assistant Director  
Education Programs  
University Extended Education

# Registration Form

Ways of Knowing: Multiple Intelligences and Technology

Fall 2004

(3 Units – Schedule #11887)

## There Are Four Ways To Register:

- Fax: (714) 278-2088
- Telephone: (714) 278-2611
- In-Person: University Extended Ed.  
Rm. T-1415
- Mail: CSUF Univ. Extended  
Ed., Rm T-1415  
P.O. Box 6870  
Fullerton, CA 92834

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Address #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day) \_\_\_\_\_

Email \_\_\_\_\_

Birthdate: \_\_\_\_\_

(please circle): female or male

## Method of Payment

3 Units/\$270.00

**Total Fees Paid:** \_\_\_\_\_

- Check or money order (payable to CSUF)
- Credit Card

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_