

Office Use Only

Month: _____
Course #: _____
CRN: _____



REGISTRATION FORM

Please complete this registration form and return promptly to molsen@westfield.ma.edu.

Required Personal Information:

Last Name: _____	First Name: _____	
Professional Educator License expiration date: _____	School Email: _____	
Home Address: _____	DOB: _____	
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Work Phone: _____	

School: _____ School District: _____

Position or Subject Area: _____ Grade: _____

Are you currently or have you ever taken a course at Westfield State University: **Yes** **No**

Course Information: **Please check course and write MONTH requested:** _____

Check course	Course	Duration
<input type="checkbox"/>	Understanding Academic Language to Improve Content Area Instruction for ELLs 15 PDPs	1 st day of month to last day of month
<input type="checkbox"/>	Instructional Strategies for the Exceptional Learner 15 PDPs	1 st day of month to last day of month
<input type="checkbox"/>	Understanding Diversity and Cultural Competency to Support ELL Students in Schools <i>For professional educators without teaching responsibilities</i> 15 PDPs	1 st day of month to last day of month

Deadline for registration form is the 20th of each month prior to the month you are requesting for enrollment.

Course enrollment is on a first come, first serve basis. Preference will be given to professional educator license expiration date.

You will receive an email with access instructions on the first day of the month.

You will have the entire month to successfully complete the course. If you have successfully completed the course and completed the evaluation form, **at the end of the month, a certificate will be created, signed by the Dean of DGCE, and emailed to you at your school email address.**

For questions contact:

Dr. Marsha Olsen, Director, Center for Teacher Education and Research, Westfield State University,
molsen@westfield.ma.edu