

CENTER FOR COMMUNITY ENGAGEMENT

LEWIS & CLARK GRADUATE SCHOOL OF EDUCATION AND COUNSELING

CONTINUING EDUCATION CREDIT/NONCREDIT REGISTRATION FORM

*Mac users, please use Adobe Reader to fill out this form. A free download is available at <http://get.adobe.com/reader/>.

Date _____

Name First _____ M.I. _____ Last _____ Former Names _____

Address Street _____

City _____ State _____ Zip _____

Phone _____ Home Cell Work Email _____

Confirmations will be sent via email unless otherwise noted.

The following information is required only if registering for a credit-bearing class:

Date of Birth: _____ Social Security Number: _____ L&C ID (if known): _____

If not a citizen of the U.S., are you a Permanent Resident? Yes No Visa type: _____

The following questions are optional. This information helps us in our affirmative action efforts.

Gender Male Female Transgender Other

How would you describe your race? Are you Hispanic/Latino? Yes No

Regardless of your answer above, please check all that apply:

White Black or African American American Indian/Alaska Native Asian
 Native Hawaiian or other Pacific Islander Other Decline to Report

This form is for **continuing education and noncredit courses only**. These courses are not degree-applicable and offered only as pass/fail (CR/NC). Letter grades are not provided. To register for degree-applicable credit, go online at lclark.edu/graduate/offices/registrar/ or call 503-768-6030 for more information and forms.

Fall 20__ Spring 20__ Summer 20__

Course Start Date	Course # (if applicable)	Course Title	Noncredit CEU/PDU	Credit

L&C Graduate School alumni receive 20% off **noncredit** registrations. See website for details.

L&C Graduation Year _____ Degree _____

Total Due: \$

Student Signature (required): _____ **Date:** _____

You are responsible for all tuition and fees for any course, workshop, event, or conference for which you register.

Payment Information:

- Check enclosed payable to Lewis & Clark
- Purchase order: School District _____ # _____
- Charge to my (circle one): VISA/MasterCard/AmEx/Discover

Card Holder Name (please print) _____

No. _____

Exp. Date ____/____ V Code _____ Amount \$ _____

Card Holder Signature _____

Card Holder Phone Number _____

Submit this form and full payment to:

Center for Community Engagement
 Lewis & Clark, MSC 85
 0615 SW Palatine Hill Rd
 Portland, OR 97219-7899
 Phone: 503-768-6040
 Fax: 503-768-6045
 Email: cce@lclark.edu
lclark.edu/graduate/programs/continuing_education

All cancellations must be received **at least three business days prior to the first class meeting** for a refund, less processing fees.