Center for Community Engagement

Lewis & Clark Graduate School of Education and Counseling

**Continuing Education Credit**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_⬜ Home ⬜ Cell ⬜ Work Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Registration confirmations will be sent via email unless otherwise noted.***

|  |
| --- |
| ***Required:*** |
| 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 diversity & inclusion efforts.*

Gender: \_\_\_Female \_\_\_Male \_\_\_Non-binary \_\_\_Transgender \_\_\_Other

How would you describe your race?

Are you Hispanic/Latino? \_\_\_Yes \_\_\_No

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

\_\_\_ Asian \_\_\_ African American or Black \_\_\_ American Indian/Alaska Native \_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ White \_\_\_ Other \_\_\_ Decline to Report

This form is for **continuing education courses only**. These courses are not degree-applicable and offered only as pass/fail (CR/NC). Letter grades are not provided.

Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Start Date** | **Course #** | **Course Title** | **Cost per SH** | **# of SH** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**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.

**Center for Community Engagement**

South Chapel Annex

Lewis & Clark, MSC 85

615 S. Palatine Hill Rd

Portland, OR 97219-8091

Phone: 503-768-6040

Fax: 503-768-6045

**Email:** [**cce@lclark.edu**](mailto:cce@lclark.edu)

lclark.edu/graduate/programs/continuing\_education

**Payment Information:**

Card Holder Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date\_\_\_\_/\_\_\_\_ V Code\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***\*****Due to the sensitive information that may be listed on this form (i.e., Social Security number and Credit Card information), and our limited on-campus working hours, we recommend* ***submitting this form via email****, omitting sensitive information. When emailing* [*cce@lclark.edu*](mailto:cce@lclark.edu)*, please provide the* ***best times and phone number to reach you*** *so that we may call you to add this information to your registration.*

*We appreciate your flexibility!*