

**ASHLAND UNIVERSITY**  
**PROFESSIONAL DEVELOPMENT SERVICES**  
*Meeting Your Graduate Credit Needs!*

Phone: 1.800.882.1548, Ext. 5350  
Fax: 419.289.5368

Present Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(mo.) (day) (year)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(last) (first) (middle) (area code)

Other names under which you have registered: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(number & street) (city) (state) (zip) (county)

Date of Birth: \_\_\_\_\_ Gender:  male  female E-mail (optional): \_\_\_\_\_  
(mo.) (day) (year)

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(District) (School) (area code)

- Black or African American  American Indian or Alaska Native  Asian  
 Hispanic or Latino  White  Native Hawaiian or other Pacific Islander

I have at least a bachelor's degree:  yes  no  
I have a valid teaching certificate/license:  yes  no

**PAYMENT DUE UPON REGISTRATION**

**Total Cost: \$356.00**

Class No.	Cr. Hrs.	Class Title
ECED 584	2	Basic Financial Literacy

Credit:  Undergraduate  Graduate

**Student Signature**

\_\_\_\_\_

**METHOD OF PAYMENT:**

Check # \_\_\_\_\_  Credit Card: \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ Discover \_\_\_\_\_ AMX  
**Make check payable to Ashland University**

# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Vcode \_\_\_\_\_

I hereby authorize the use of my credit card for payment of the above listed graduate credit charges.

\_\_\_\_\_  
Signature of Credit Card Holder

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**Submit Registration and tuition payment to:**  
**Ashland University**  
**121 W. Main St.**  
**Ashland, OH 44805**  
**Fax: 419.289.5368**