



**COURSE REGISTRATION FORM
SLC/PLS Partnership**

Phone Contact: 800-236-4752 ext. 373 Fax: (920) 684-7082
Email: kwarning@silver.sl.edu

Please type or print all information

___ Mr. ___ Mrs. ___ Miss ___ Ms _____
Legal Last Name
First Name
Middle or Maiden Name

Social Security Number ____ - ____ - ____
Email Address _____

Address _____

City _____ State _____ Zip _____ County _____

Employer Name _____ School Phone (____) _____

Where you teach _____ Home Phone (____) _____

What you teach _____ Grade Level _____

Does your employer offer tuition reimbursement? ___ Yes ___ No

** If you have never taken a course through Silver Lake College, a graduate application (matriculation) form must be completed and a fee paid in order to process this registration. (For your convenience, the form is on the reverse of the registration form.)*

REGISTRATION INPUT

Tuition: \$_____ (Payable to PLS) ___ check ___ cash ___ credit card # _____ Exp. Date: _____	Graduate Application: (Payable to SLC) \$35 ___ check ___ cash ___ credit card** # _____ Exp. Date: _____	Total Remitted: \$_____ Graduate Application to SLC \$_____ Tuition payable to PLS	Verified by: _____ Name _____ Date
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Course Number	Course Title	Credit	Place:
EDU589-xxx		3	DATES:

Student Signature _____ Instructor's Name _____ PLS Staff _____