

Application • Registration Form

Professional Development Workshops

PLEASE COMPLETE THIS FORM AND MAIL OR FAX IT TO:

Center for Professional Development

Malone College
515 25th Street NW
Canton, Ohio 44709
(330) 471-8593 or 1-800-257-4723 ext. 8593
Fax: 330-471-8343
email: nvarian@malone.edu

Application

Name _____ Gender: Female Male
(First) (MI) (Last)

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____

e-mail _____

Birth Date _____ Social Security # _____

Highest Degree Earned _____ County _____

Last College Attended _____ Place of Employment _____

CHECK ONE: I am a degree-seeking student. I am not presently seeking a degree.
(Non-degree students should consult the graduate catalog for information to become a degree-seeking student)

Have you ever taken a graduate course or workshop at Malone before? Yes No

Have you previously attended Malone College using a different name? Yes No If Yes, list name(s) _____

Workshop(s) I am registering for: _____

Workshop Tuition: \$155.00 per graduate credit hour

Enclosed is a check (payable to Malone College) for: \$ _____

Charge \$ _____ to Visa, MasterCard, American Express, or Discover (circle one)

Account Number _____ Expiration Date _____ Sec. Code _____

Name on Card (Print) _____ Daytime Phone Number _____

House # or PO Box # _____ Zip Code _____

Signature _____

STATEMENT OF COMPLIANCE AND RESPECT

Upon admittance to Malone College, I agree to comply with the rules and regulations and shall respect Malone's standards while enrolled as a student. I recognize that these standards involve good citizenship, personal honor, regard for the rights of others, and respect for daily constituted leadership. I certify that all information provided is true and complete.

Applicants Signature _____ Date _____

(OFFICE USE ONLY)

ID# _____



Date Entered _____