



REGISTRATION FORM

INSTRUCTIONS

Complete and Return this form along with your payment to:

WORKFORCE DEVELOPMENT CAMPUS REGISTRAR
 James Madison University
 Blue Ridge Hall / MSC 9003
 Harrisonburg, VA 22807
Or fax to: 540.568.2933

STUDENT INFORMATION (please type or print)

First Name:	Initial:	Last Name:
Address:		
City:	State:	Zip: Home Ph: ()
Email Address:		
Employer:	Work Ph: ()	
Highest Degree Obtained:	Institution:	
Have you ever been denied admission to JMU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates:		
Female <input type="checkbox"/> Male <input type="checkbox"/>	DOB: / /	SSN: - -
Ethnic Background:	US Citizen?	If no, VISA type:

SELECT COURSE

<input type="checkbox"/> WDC 500: Orientation to Blackboard <i>*self paced course, prerequisite at NO COST</i> <input type="checkbox"/> WDC 501: Introduction to Workforce Development <i>**WDC 501 is a prerequisite</i> <input type="checkbox"/> WDC 502: Marketing Workforce Development Programs <input type="checkbox"/> WDC 503: Planning and Designing Workforce Programs <input type="checkbox"/> WDC 504: Organizational Assessment in Workforce Development <input type="checkbox"/> WDC 505: Curriculum Development in Workforce Development <input type="checkbox"/> WDC 506: Instruction in Workforce Development Programs <input type="checkbox"/> WDC 507: Program Evaluation in Workforce Development <input type="checkbox"/> WDC 601: ESOL in the Workplace			
Term and Year:	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall Year:

COST & METHOD OF PAYMENT

WDC courses selected X \$ 299.00 ea. = \$ _____ + \$ 15.00 Enroll Fee = \$ _____
Special Offer Code and Discount: _____
<input type="checkbox"/> Purchase Order #: _____ *Please provide complete billing information with Purchase Orders.
<input type="checkbox"/> Check Enclosed. Ck # _____ Amount \$ _____ JMU Fed ID: 54-60001758

APPLICANT SIGNATURE REQUIRED

Signature: _____	Date: _____
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Your payment is due prior to the published course start date.