WINGATE UNIVERSITY
FALL 2009 SEMESTER - August 24, 2009 to December 10, 2009
ADD ON LICENSURE COHORT VII

COURSE	TITLE	CREDITS	INSTRUCTOR	MEETS	LOCATION
EDLD695	Internship II	3	Pierce/Fritz/Flamer	N/A	Metro

REGISTRATION FORM

Name: _____
(last) (first) (middle or maiden)

ID Number: _____

Current Mailing address:

_____
(street/number)

_____
(city/state/zip code)

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

_____ Date: _____
Signature

_____ Date: _____
Advisor Signature

Please register me for the following class(es):

Course Number & Title	Time

Tuition - $645 for each 3 hour course

Please return registration form to:
Wingate University School of Graduate and Adult Education
♦P.O. Box 3549♦Matthews, NC 28105
Phone: 704-321-1470

Textbook information: www.wingateuniversity.bkstr.com or 704-233-8025
Grad Ed website: www.educationgraduate.wingate.edu