Professional Development Credit
Loyola Marymount University

LMU Extension

STUDENT INFORMATION: PLEASE PRINT CLEARLY -- IN DARK INK

Legal Name_____
Last First M.I.

Social Security Number _____- _____ - _____ Date of Birth_____/_____/_____
For Student Identification Only For Student Identification Only

Address _____
Street and Number

_____ _____
City State Zip Phone: Area Code Number

E-Mail Address: _____ ☐ Male ☐ Female

"I have read and understood course requirements outlined in attached information sheet entitled *Loyola Marymount University Extension Credit* and I am aware of additional course requirements"

Student Signature _____ Date_____

Check box for semester of registration:

❑ FALL 2008 ❑ SPRING 2009 ❑ SUMMER 2009 ☐ FALL 2009

Write in Course Number(s), Course Title(s) and Tuition for which you are registering:

COURSE #	COURSE TITLE	TUITION

Workshop attended in City/State/dates_____

Complete the tuition payment information:

Check number _____ Date of Check _____ Enclosed $_____

(or) Please charge my: ❑ Visa ❑ MasterCard in the amount of $_____

_____

Account # Exp. date

Tuition is non-refundable

Application must be accompanied by tuition fee made payable to:

LOYOLA MARYMOUNT UNIVERSITY
1 LMU Drive, Suite 1840
Los Angeles, California 90045-2659
ATTN: Pat Ranftl

FOR OFFICE USE _____
Date submitted

RegForm 11/20/08