



# IDAHO STATE UNIVERSITY

## Professional Development /Short Course Form

### Intermountain Center for Educational Effectiveness Extended Learning/Academic Department

<b>Office Use Only</b>
Source Code: _____
Date: _____

**PERSONAL INFORMATION**

ISU ID or SS#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Email: \_\_\_\_\_

Special Needs Request: \_\_\_\_\_

**DEGREE INFORMATION (required)**

High School: \_\_\_\_\_

HS State: \_\_\_\_\_ HS Grad Date: \_\_\_\_\_

Highest College Degree Earned: \_\_\_\_\_

Degree Year: \_\_\_\_\_

Current College Class Level: \_\_\_\_\_

Institution: \_\_\_\_\_ State: \_\_\_\_\_

May we add you to our mailing list? Yes \_\_\_\_\_

**Family Educational Rights & Privacy Act (FERPA)**

I do not want my name listed in the ISU Student Directory

SEMESTER	INDEX	DEPT	COURSE #	COURSE TITLE	CR	FEE

CHECK # \_\_\_\_\_    
  VISA    
  MASTERCARD    
 Expiration Date: \_\_\_\_/\_\_\_\_    
  CASH

Credit Card Number: \_\_\_\_\_

3 Digit Card Security Number \_\_\_\_\_

Cardholder's Name As It Appears On Credit Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**IDAHO TEACHER/PROFESSIONAL DEVELOPMENT RE-CERTIFICATION ONLY**

(Teachers: Form will not be processed without completing this information)

I understand that 597 courses do not count toward a graduate degree.  
 I am an Idaho public school teacher or other professional employee of an Idaho school district.  
 School district employed or contracted by: \_\_\_\_\_

Transcripts may be requested throughout the year at: <http://transcripts.isu.edu>

Note: One official transcript may be requested annually for mailing to an Idaho Certification Board at no charge.  
 Print and mail form at: <http://www.isu.edu/areg/forms/Transcript-Req.pdf>

I certify that the above information is correct: \_\_\_\_\_

Signature Required for Registration \_\_\_\_\_ Date \_\_\_\_\_