



Tennessee Tech University || Extended Programs and Regional Development
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Application and Registration Form for Educators Development Program Fall 2010

Application fees will be paid for by Tennessee Tech University within the limits of funds available.

<u>Select from one of the following:</u> ➤ Using Technology To Improve Instruction: <input type="checkbox"/> on-site <input type="checkbox"/> on-line ➤ Classroom Spanish For Teachers: <input type="checkbox"/> on-site <input type="checkbox"/> on-line If on-site, list location: _____	<u>On-line sections only:</u> <input type="checkbox"/> Professional Reading For Educators <input type="checkbox"/> Personal Wellness For Practitioners <input type="checkbox"/> Creating Online Curriculum <input type="checkbox"/> Mentoring Pre-Service & Novice Teachers I <input type="checkbox"/> Mentoring Pre-Service & Novice Teachers II <input type="checkbox"/> Praxis II Preparation	<u>Office Use Only:</u> Sect. #: _____ Course #: _____ Call #: _____ T#: _____ \$ _____
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Name: _____
(Please Print) Last First M.I. (Maiden or prior name)

SSN: XXX-XX-_____ (Only Need Last 4 digits) Sex: ☐ Male ☐ Female Date of Birth: _____

Previous TTU student: ☐ Yes ☐ No If yes, ID Number/T-Number: _____

Permanent Address: _____
Street or Box number City State Zip Years at this residence

Mailing Address: _____
Street or Box number City State Zip Years at this residence

Cell phone: (____) _____ Home Phone: (____) _____ School Phone: (____) _____

School: _____ System: _____ Location: _____

Grade: _____ Subject: _____ Position: _____

E-mail Addresses: ((work) _____
(home) _____)

Please remove pop-up blockers from your e-mail accounts if they would prevent delivery of TTU e-mails.

Highest Degree earned: ☐ H.S. Diploma/GED ☐ Certificate/Vocational ☐ Associates ☐ Bachelors ☐ Masters or higher

Do you consider yourself to be of Hispanic/Latino/Spanish origin? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself

☐ White ☐ Black or African American ☐ Asian ☐ American Indian ☐ Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Citizenship: ☐ US Citizen ☐ Permanent Resident ☐ Foreign Citizen (Country of Citizenship _____)

Are you exempt from military service? ☐ Yes ☐ No

Note: All male U.S. citizens and non-U.S. citizens who take up residency in the USA before their 26th birthday must register with Selective Service prior to registering for classes at TTU. This requirement does not apply to veterans and other exempt persons (including females) under federal law.
☐ Yes ☐ No

Have you registered for the United States Selective Service? {Please note: If you are exempt, or under 18 years of age, choose No.} ☐ Yes ☐ No

I understand that by submitting this application and registration form, and completing the requirements for admission (including official transcripts for Graduate credit), I am enrolling in a topics course and will receive a grade for the course. {Scholarship funds are available for only one course per student.}

I understand that failure to participate in the course does NOT constitute withdrawal from the course. *

*Signature: _____ Date: _____

HEPATITIS B (HBV) IMMUNIZATION [TO BE COMPLETED BY ALL NEW STUDENTS]

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I hereby certify that I have read this information and I have received the initial dose of the Hepatitis B vaccine. Date of initial dose of the Hepatitis B vaccine: ____/____/____

_____ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have elected NOT to receive the Hepatitis B vaccine.

*Signature: _____ Date: _____

