



# IDAHO STATE UNIVERSITY

Professional Development /Short Course Form  
Intermountain Center for Educational Effectiveness  
921 S. 8<sup>th</sup> Ave., Stop 8019 – Phone: 208-282-4312 Fax: 208-282-2244  
Pocatello, ID 83209

### Office Use Only

Source Code: \_\_\_\_\_

Date: \_\_\_\_\_

#### PERSONAL INFORMATION (All Information must be filled in)

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

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

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

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

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

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

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

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

#### DEGREE INFORMATION (required)

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

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

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

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

Courses within the dates below will be transcribed in these semesters:

Fall August 2 – December 5

Spring January 10 – May 6

Summer May 9 – August 1

[Non-degree/professional development attendees may only take seven (7) credits per semester]

SEMESTER	CRN	DEPT	COURSE #	COURSE TITLE	FEE per CR	# CR	# TOTAL
A311		EDUC	5598P-08		50.00	1	50.00

CHECK # \_\_\_\_\_  MasterCard [NOTE: ISU No Longer Accepts VISA]

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

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digit Card Security Number X \_\_\_\_\_

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

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

#### 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: \_\_\_\_\_
- I understand that through my signature I am attesting to the fact that I will attend all course sessions and events to provide 16 contact hours per 4497/5597 and 4498P/5598P credit being taken.
- I understand that it is my responsibility to provide accurate credit card information and/or valid checks.
- I understand the dates indicated above is the semester of when the course will be posted to my official transcript.

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

I understand that this form must be complete and submitted within two weeks of the start of the class start date or the form and fee will be returned to me and I will not be registered. I certify that the above information is correct.

X

Signature Required for Registration

\_\_\_\_\_ Date

Log into the Class via the ISU Website Moodle.

Password/Access for the online class will be mailed to you by the Office of Registrar within 5-10 working business days.

Any questions: Contact Lori Medellin at [medelori@isu.edu](mailto:medelori@isu.edu) or the Registration Office at 282-2661.