

# The National Hispanic University Continuing Education Application

Program: Cengage Heinle Program

Please print using a blue or black pen

Social Security Number # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

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

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

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

**HIGHEST CLASS LEVEL ACHIEVED OR DEGREE OBTAINED**

0. No prior college     
  2. Sophomore (30-59 units)     
  4. Senior (90+ units)     
  6. Master's Degree  
 1. Freshman (1-29 units)     
  3. Junior (60-89 units)     
  5. Bachelor's Degree     
  7. Doctoral Degree

**PLEASE CHECK, IF APPLICABLE**

- A. I am clearing a preliminary credential at: \_\_\_\_\_  
 B. I am currently matriculated in a credential program at: \_\_\_\_\_  
 C. I am not yet admitted to a credential program

**ETHNIC ORIGIN**

1. American Indian or Alaskan Native     
  4. Other Hispanic     
  7. White Non-Hispanic  
 2. Black Non-Hispanic     
  5. Asian     
  8. No response  
 3. Chicano, Mexican-American     
  6. Pacific Islander     
  9. Filipino

**CLASS REQUEST**

Add	Drop	Starting Date	Days	Instructor's Name	Course Title	# of Units*	Fee
X			6 weeks	Dr. Kathy Hess	Intro. to Lang. Assessment in the K-12 Classroom	3.0 CEU	\$210.00
					Official NHU Transcripts \$4/ regular order*		\$4.00
						<b>Total</b>	<b>\$214.00</b>

**PAYMENT:**

- Check (*Print students name, address, and SSN on front of check.*)

NOTE: Make check payable to NHU.

<u>Business Office:</u>	<u>Office of the Registrar:</u>
	Processed
Amount Paid: _____	
Initial: _____	Initial: _____
Date: _____	Date: _____

**TRANSCRIPT REQUEST**

\*Students who desire an official transcript of their academic record must submit, in compliance with Family Educational Rights and Privacy Act (FERPA) of 1974, a written request to the NHU Registrar. **I AGREE TO ABIDE BY THE ACADEMIC, PAYMENT AND REFUND POLICIES GOVERNING THESE COURSES.**

\_\_\_\_\_  
 Signature Date