



DAHLGREN CAMPUS  
CENTER FOR EDUCATION AND RESEARCH

## CENTER FOR PROFESSIONAL DEVELOPMENT REGISTRATION FORM

<b>Name*</b>				<b>Date</b>	
	Last	First	M		

<b>Mailing Address*</b>					
	Street				
	City	ST		Zip	

<b>Employer</b>		<b>Day Phone</b>	
<b>Email</b>		<b>Night Phone</b>	

If your name or mailing address is different from previous registrations, a completed Address/Name Change Form must be submitted before your record can be updated in the UMW Registrar's database. Download the form at <http://www.umw.edu/registrar/docs/address0910.pdf> or call 540/286-8000 to request the form by fax.

START DATE	NAME OF COURSE and Location	COST

**REQUIRED BIOGRAPHIC INFORMATION:**

<b>DATE OF BIRTH</b>					<b>GENDER</b>		
	MONTH	DAY	YEAR			<input type="checkbox"/>	<input type="checkbox"/>
						MALE	FEMALE
<b>CITIZENSHIP</b>							

<b>PRIOR ATTENDANCE</b>	ARE YOU A CURRENT OR FORMER UMW STUDENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>IF YES, LIST ALL DATES OF ATTENDANCE</b>				
<b>UMW BANNER ID NUMBER (IF KNOWN)</b>				

<b>DEMOGRAPHIC INFORMATION</b>	PROVIDING DEMOGRAPHIC INFORMATION IS OPTIONAL. YOUR RESPONSES WILL NOT BE USED IN A DISCRIMINATORY MANNER AND YOUR COOPERATION WILL BE APPRECIATED.				
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN		<input type="checkbox"/> WHITE (NON-HISPANIC)		
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	<input type="checkbox"/> HISPANIC		<input type="checkbox"/> MULTI-RACIAL		

<p><b>PROGRAM QUESTIONS</b></p> <p>Mark J. Safferstone, Ph.D. Professional Development Program Email: <a href="mailto:msaffers@umw.edu">msaffers@umw.edu</a> Phone: 540/663-4033</p> <p><b>REGISTRATIONS:</b> Email: <a href="mailto:kcaffrey@umw.edu">kcaffrey@umw.edu</a> FAX: 540/286-8005</p>	<p><b>CREDIT CARD PAYMENT</b></p> <p>You will receive an email confirmation once you have been registered, which will include your STUDENT ID# and instructions for making a credit card payment online. Full payment prior to the class start date is required.</p> <p>Student ID # _____</p>	<p><b>CHECKS:</b> Payable to UMW UMW Stafford Campus Attn: Vicki Sullivan 121 University Boulevard Fredericksburg, VA 22406</p> <p><b>FINANCIAL AID QUESTIONS</b> Debra Harber UMW Office of Financial Aid Email: <a href="mailto:dharber@umw.edu">dharber@umw.edu</a> Phone: 540/654-2468</p>
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