



Registration Form- Teacher Performance Assessment (TPA)

LAST NAME		FIRST NAME		MIDDLE INITIAL
MAIDEN NAME		MAILING ADDRESS		
DAYTIME PHONE ()	CITY	STATE	ZIP CODE	
EVENING PHONE ()	EMAIL ADDRESS			

University Records Information

STAN STATE ID # OR SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH (REQUIRED)	HAVE YOU PREVIOUSLY ATTENDED CSU STANISLAUS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> YES, AS A UEE STUDENT
ETHNIC CODE (OPTIONAL)	DO YOU REQUIRE SPECIAL SERVICES?*	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

Course Registration Information

COURSE TITLE	COURSE REQUEST NUMBER (CRN)	FEES
NONC 7550- Task One: Case Studies		\$185.00
NONC 7551- Task Two: Designing Instructions		\$185.00
NONC 7552- Task Three: Assessing Learning		\$185.00
NONC 7553- Task Four: Culminating Teaching Experience		\$200.00
NONC 7555- CalTPA Instructional Cycle 1		\$200.00
NONC 7556- CalTPA Instructional Cycle 2		\$200.00

(Please circle course selection)

Payment Information

TOTAL FEES: _____

PAYMENT TYPE <input type="checkbox"/> CHECK/MONEY ORDER <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> CASH <input type="checkbox"/> MASTERCARD	NAME OF CARD HOLDER	
CREDIT CARD NUMBER	EXPIRATION	SIGNATURE OF CARD HOLDER

Signature

SIGNATURE OF REGISTRANT _____

BY SIGNING ABOVE, YOU RECOGNIZE THAT YOU ARE REGISTERING FOR THE ABOVE COURSE AND ARE RESPONSIBLE FOR PAYING THE COURSE FEES.

* For information regarding special services to accommodate a physical, perceptual or learning disability, please contact Disabled Student Services at (209) 667-3159.

Please note: Make checks payable to "CSU Stanislaus."

For Office Use Only

TERM	AMOUNT PAID
AUTHORIZATION/CHECK NUMBER	