



REGISTER ONLINE AT: collaborative.org/licensure-courses

OR, MAIL OR FAX REGISTRATION FORM TO:

Educator Licensure Programs, Attention: Registrar
Collaborative for Educational Services
97 Hawley Street, Northampton, MA 01060
413-586-2878 Fax

Office Phone: 413.586.4900—Option 5

SEMESTER

Please indicate what semester you are registering for:

Fall Spring Summer

COURSE SELECTIONS

Course Name: _____

Hybrid-online with: Morning sessions Afternoon sessions

Register-By Date: _____ Course Cost: _____

Course Name: _____

Hybrid-online with: Morning sessions Afternoon sessions

Register-By Date: _____ Course Cost: _____

Course Name: _____

Hybrid-online with: Morning sessions Afternoon sessions

Register-By Date: _____ Course Cost: _____

Course Name: _____

Hybrid-online with: Morning sessions Afternoon sessions

Register-By Date: _____ Course Cost: _____

Course Name: _____

Hybrid-online with: Morning sessions Afternoon sessions

Register-By Date: _____ Course Cost: _____

COURSE INFORMATION

All courses are offered in hybrid-online format (online coursework combined with face-to-face meetings) and the cost for individual course registration is \$850.

Face-to-face classes for Teacher Licensure courses meet four times in Northampton.

Face-to-face classes for Administrator Licensure courses meet twice in Northampton and twice in Marlborough.

REGISTER-BY DATES

Registration for each course is open until 5:00pm on the date preceding the course start date (this is the register-by date).

ADDITIONAL DETAILS ONLINE AT:

collaborative.org/licensure-courses

Last Name _____

First Name _____

Home Address _____

City _____ State ____ Zip Code _____

Home Phone with Area Code (_____) _____

Cell Phone with Area Code (_____) _____

E-mail _____

An e-mail address is required for all course participants.

School or Work Name _____

School or Work Address _____

City _____ State ____ Zip Code _____

School or Work Phone with Area Code (_____) _____

If applicable:

School District _____

Position _____ Grade Level _____

I have no prior experience working as a teacher or paraprofessional in a school.

WITHDRAWAL POLICY (applies to all registrants)

If it becomes necessary to withdraw from a course, you must notify the CES Licensure Program office **in writing**, attention Registrar. Written withdrawals should be forwarded via mail, by fax (413.586.2878) or by e-mail (registrar@collaborative.org).

If a Notice of Course Withdrawal Form (available online) is received five or more days prior to the course starting date, registrants will receive a full refund of the course fee minus a \$50 withdrawal processing fee. After that date there will be no refunds or billing adjustments. Please refer to the full Course Withdrawal Policy and other policies at: collaborative.org/programs/licensure/student-resources.

I have read and I understand the above policy.

Signed _____ Date _____

PAYMENT FOR INDIVIDUAL COURSES MUST BE INCLUDED WITH REGISTRATION

Program enrollees are billed separately for tuition, but any applicable late fee(s) must still be included here.

Participation Level:

Licensure Program Enrollee
(Tuition payment plan per Commitment Letter)

Individual Course Registration:
\$850 per course unless otherwise noted

TOTAL: \$ _____

Form of Payment— Individual course registrations and any late fees:

Check enclosed (Payable to Collaborative for Educational Services)

PO # _____

Credit Card: Visa MasterCard Discover

(ALL INFO below required)

Card Number _____

Expiration Date _____ CSV Code _____

Name on Card _____

Billing Address for Card _____

Total Amount to Bill to Card: \$ _____

Signature _____

All information above is REQUIRED for credit card payments.