



Registration Form Certificate in Autism Spectrum Disorders

Mail or fax to:

University of Massachusetts Global
Extended Education
16355 Laguna Canyon Road
Irvine, CA 92618
Secured Fax: (949) 754-1337

Questions?

Email: transcripts@umassglobal.edu

Name:	<p>CREDIT INFORMATION: These professional development courses award graduate elective units which are not part of a degree program but instead are used for professional advancement. One semester unit is equivalent to 15 hours.</p> <p>SPECIAL NEEDS: Any individual who, because of disability, needs special accommodation with respect to any university policy, practice, service, or benefit should notify the university.</p>		
Address:			
City:			
State: Zip:			
Phone Number:			
Birthdate:			
Email:			
Course Title	Course Number	# of Units	Registration Fee
Certificate in Autism Spectrum Disorders	EDNU9011	8	\$400
Method of Payment	Total		
<input type="checkbox"/> Credit Card : ___VISA ___Mastercard ___Discover <input type="checkbox"/> Check #: _____ (Attached) Payable to “University of Massachusetts Global”			
Card Number: _____ / _____ / _____ / _____		Expiration Date: _____ / _____	
Signature: _____		Date: _____ / _____ / _____	

PLEASE SUBMIT VERIFICATION OF COMPLETION WITH YOUR REGISTRATION FORM
 To request an official transcript: www.getmytranscript.com

DETACH HERE FOR YOUR RECEIPT

Name:	Date:	Course #:
Total Payment:	Course Title:	
Payment Type: Credit Card / Check #		