



## Registration Form Traumatic Brain Injury Program

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](mailto:transcripts@umassglobal.edu)**

Name:	<p><b>CREDIT INFORMATION:</b> 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><b>SPECIAL NEEDS:</b> 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:			
<b>Course Title</b>	<b>Course Number</b>	<b># of Units</b>	<b>Registration Fee</b>
Traumatic Brain Injury Program	EDNU9032	8	<input type="checkbox"/> \$560
<b>Method of Payment</b>	<b>Total</b>		
<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](http://www.getmytranscript.com)

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**DETACH HERE FOR YOUR RECEIPT**

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