

## Registration Form Autism Services Practitioner Certificate 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

Name:	CREDIT INFOR	CREDIT INFORMATION: These professional		
Address:	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.  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.			
City:				
State: Zip:				
Phone Number:				
Birthdate:				
Email:				
Course Title	Course Number	# of Units	Registration Fee	
Course Title  Autism Services Practitioner Certificate Program			_	
	Number	Units	Fee	
Autism Services Practitioner Certificate Program	Number  EDNU9795  Discover	Units 12 Total	<b>Fee</b> \$840	
Autism Services Practitioner Certificate Program  Method of Payment  Credit Card:VISAMastercard	Number  EDNU9795  Discover  "University of M	Units  12  Total  assachuse	<b>Fee</b> \$840	

PLEASE SUBMIT VERIFICATION OF COMPLETION WITH YOUR REGISTRATION FORM To request an official transcript: <a href="https://www.getmytranscript.com">www.getmytranscript.com</a>

## **DETACH HERE FOR YOUR RECEIPT**

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