



## Professional and Continuing Education Unit Registration Form

Dominican University of California  
Education Department

50 Acacia Avenue, San Rafael, CA 94901-2298

Fax: 415-458-3790

Email: Pauline.camp@dominican.edu

**STUDENT INFORMATION MANDATORY – Please Print**

Last Name	First Name	Middle Initial	Dominican Student ID (Office Use Only)		
Mailing Address		City, State	Zip Code	Email	
Daytime Phone #		Evening Phone #		Cell Phone #	
Job Title			Employer		
Have you taken courses through Dominican University?			<input style="width: 100px; height: 20px;" type="text"/>		
List any other names under which you have enrolled			<input style="width: 300px; height: 30px;" type="text"/>		

**COURSE SCHEDULE INFORMATION – Please Print**

Course ID / Sect	Course Title	Office Use Term	Start Date	# Units	Instructor/Location
EDUX 9083	Mentor Training-Teacher Induction: New	A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/>	8/1/23	3.5	Kradepohl/Off Campus
		A B C			
		A B C			

All grades are PASS/FAIL. Students will receive an Official Transcript upon Dominican's receipt of the signed course roster.

**PAYMENT INFORMATION**

Total Unit Processing Fees Due: \$192.50

Payment Type (select one):  Cash

Money Order # \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card (An invoice will be emailed to you)

**OFFICE USE ONLY**

Register Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Student ID: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Initials: \_\_\_\_\_