BRANDMAN University Chapman University System

# Registration Form

# ABA Fundamentals Program

**Mail or fax to: Brandman University**
**Extended Education**
**16355 Laguna Canyon Road**
**Irvine, CA 92618**
**Secured Fax: (949) 754-1337**

**Questions?**

**Email: curriculumpartners@brandman.edu**

| | |
|---|---|
| Name: | **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. **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. |
| Address: | |
| City: | |
| State: Zip: | |
| Phone Number: | |
| Birthdate: | |
| Email: | |

| **Course Title** | **Course Number** | **# of Units** | **Registration Fee** |
|---|---|---|---|
| ABA001: ABA Fundamentals Program | ABA001 | 2 | $130 |
| **Method of Payment** | | **TOTAL** | |

Credit Card :_____VISA_____MC_____Discover Check #:_____(Attached) **Payable to "Brandman University"**

Card Number:_____/ / /_ _ ____ __

Expiration Date:_____/ _____
Month Year

Signature: Date:

**DETACH HERE FOR YOUR RECEIPT**

Name:_____Date: _____
Total Payment: _____
Payment Type: CREDIT CARD / CHECK #

Course #: _____
Course Title:_____

**PLEASE SUBMIT VERIFICATION OF COMPLETION WITH YOUR REGISTRATION FORM**

**To request an official transcript: www.getmytranscript.com**