BRANDMAN University Chapman University System

Registration Form

Traumatic Brain Injury Program

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

Questions?
Contact: Andrea Hood
Email: k12partners@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**
Traumatic Brain Injury Program	EDNU 9032	8	$520
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