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?

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**
Traumatic Brain Injury Program	EDNU9032	8	$520.00
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