



Registration Form
Autism Services Practitioner Certificate 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:	
Address:	
City:	
State: _____ Zip: _____	
Phone Number: _____	
Birthdate: _____	
Email: _____	
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.	

Course Title	Course Number	# of Units	Registration Fee
Autism Services Practitioner Certificate Program	EDNU9795	12	\$780

Method of Payment	TOTAL
Credit Card : <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Discover Check #: _____ (Attached) Payable to "Brandman University" Card Number: _____ / _____ / _____ Expiration Date: _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Year </div>	

Signature: _____	Date: _____
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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