



Office of Continuing Education
and Professional Advancement

CEU REGISTRATION
300 Senior Hall
Cheney, WA 99004-2442

Phone: 509- 359-7380 1-800- 331-9959 FAX: 509-359-2220
<http://ewu.edu/ce>

Today's Date: _____ Registering for: Fall Winter Spring Summer Year: _____

Last Name	First Name	Middle Name	Previous Name
Current Mailing Address	Street and Number	City	State Zip Code
Email Address	8-5 Phone Number –Including Area Code		Home Phone Number - Including Area Code
Student EWU ID Number <small>(Will be assigned by EWU if not known)</small>	Social Security Number	Date of Birth <small>(Required)</small>	

Directory Information: Please restrict my personal information

Do you have any Special Needs? Please specify: _____

Gender: Male Female Washington Resident: No Yes Have you previously earned credit through EWU?
From ____/____/____ To ____/____/____ No Yes – Qtr ____ Year ____

Classification Category (Based on completed credits):

<input type="checkbox"/> High School	<input type="checkbox"/> Sophomore (45-89 cr)	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Other:
<input type="checkbox"/> GED	<input type="checkbox"/> Junior (90-134 cr)	<input type="checkbox"/> Graduate (Admitted to EWU Masters)	Please specify: _____
<input type="checkbox"/> Certificate	<input type="checkbox"/> Senior (135 or more cr)	<input type="checkbox"/> Completed Doctoral Degree	
<input type="checkbox"/> Freshman (1-44 cr)	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Non-Credit / Professional Development	

Optional:

What race do you consider yourself? (Check all that apply)

<input type="checkbox"/> White/Caucasian (800)	<input type="checkbox"/> Black/African American (870)	<input type="checkbox"/> Chinese (605)
<input type="checkbox"/> Eskimo (935)	<input type="checkbox"/> Aleut (941)	<input type="checkbox"/> American Indian (597) Name of Principal or enrolled tribe: _____
<input type="checkbox"/> Korean (612)	<input type="checkbox"/> Filipino (608)	<input type="checkbox"/> Vietnamese (619)
<input type="checkbox"/> Asian Indian (600)	<input type="checkbox"/> Guamanian (660)	<input type="checkbox"/> Samoan (655)
<input type="checkbox"/> Hawaiian (653)	<input type="checkbox"/> Japanese (611)	<input type="checkbox"/> Other Asian or Pacific Islander: _____ Specify one group, for example Thai, Cambodian, etc.

Are you of Spanish/Hispanic origin? (Check all that apply)

<input type="checkbox"/> No. Not Spanish/Hispanic (999)	<input type="checkbox"/> Yes. Mexican/Mexican American (722)	<input type="checkbox"/> Yes. Other Spanish/Hispanic: _____ Specify one group, for example Columbian, Spaniard, etc
<input type="checkbox"/> Yes. Chicano/Chicana (705)	<input type="checkbox"/> Yes. Puerto Rican (727)	<input type="checkbox"/> Yes. Cuban (709)
<input type="checkbox"/> Other Race: _____		

Course Information:			
(Please leave blank)	Course Title:	Event Date(s):	Location:
CEU's .8	From Research to Application: The Case for Learning and Performance	January 16 & 17, 2013 12:00 – 3:00 + 2 hours outside work	Satellite Broadcast

Submit Registration and Tuition to:
Eastern Washington University
Continuing Education and Professional Development
300 Senior Hall, Cheney, WA 99004

<p>For Office Use ONLY:</p> <p>Credited to Participant</p> <p style="text-align: center; border-bottom: 1px solid black;">\$22.00</p>	<p><input type="checkbox"/> Check (Payable to EWU) <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p style="text-align: right;">Account Number _____ Exp. Date _____</p> <p>AMOUNT: _____ <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/></p> <p>Authorized Signature: _____</p>
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Eligible taxpayers may claim a tax credit on EWU courses. For more detailed information, please refer to IRS Publication 3064. "Notice 97-60 Education Tax Incentive." For purposes of the new Hope and Lifelong Learning tax credits. Federal Law (Section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security Number. Thank you for your cooperation.



Welcome to: From Research to Application: The Case for Learning and Performance

Session Date: **January 16, 2013**

Sign in at start of broadcast

Initial Box at end of broadcast

1	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	Initial:
	Sign:	Employer:	
2	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
3	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
4	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
5	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
6	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
7	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
8	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
9	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	
10	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	
	Sign:	Employer:	

X _____

Signature of Host Agency

Date

Verifying attendance accuracy for CEU's



Welcome to: From Research to Application: The Case for Learning and Performance

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Initial at end of broadcast

1	Print:	Position: <input type="checkbox"/> Administrator <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Para-Educator <input type="checkbox"/> Other _____	Initial
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X _____

Signature of Host Agency

Date

Verifying attendance accuracy for CEU's



**Office of Continuing Education & Professional Advancement
Workshop Evaluation**

Workshop: From Research to Application: The case for Learning and Performance

Location: Satellite Broadcast CEUs: .8

Date(s): Jan 16-17, 2013 Time(s): 12:00 p.m. -3:00 p.m. EST

Facilitator: National Institute of Corrections

Your feedback is important. It is the basis of our continuous improvement to ensure that programs meet or exceed your expectations. Thank you for taking the time to complete this evaluation.

Response Code

5-Excellent 4-Good 3-Adequate 2-Poor 1-Desire changes

Instructor Effectiveness

Knowledge of subject	5	4	3	2	1
Ability to teach according to the student's level	5	4	3	2	1
Organization of class meeting	5	4	3	2	1
Ability to answer questions	5	4	3	2	1
Ability to encourage participation	5	4	3	2	1

Course Information

Written course objectives met expectations	5	4	3	2	1
Course written materials contributed to learning	5	4	3	2	1

Facilities and General

Comfort of classroom for learning	5	4	3	2	1
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Overall

Overall, I rate the learning experience	5	4	3	2	1
I would recommend this course to others	Yes				No

Comments: Suggestions for improvement

THANK YOU