

S. C. T. Continuing Professional Education

Graduate Continuing Education offered in partnership with The University of St. Thomas

Instructor - Tammy Berg

Registration is easy! Please fill out this form completely and clearly to ensure accurate processing.

Last Name: _____ First Name _____ SSN or UST ID# _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____
Email: _____

Semester you are registering for (please check) :

____ Fall Semester (September - December) ____ Spring Semester (February - May) ____ Summer Semester (June - August)

Please LIST the course(s) you are registering for:

Course #	Name of Course
CTED _____	_____
CTED _____	_____
CTED _____	_____
CTED _____	_____

Note: Students may not register for more than 9 semester credits per fall or spring semester and may not register for more than 12 credits per summer semester. Also, please note if the above courses are being taken for audit.

Fee structure:

Individual participant - one 3 credit course (\$340), two 3 credit courses (\$650), three 3 credit courses (\$960)

Group of 3 or more participants - one 3 credit course (\$325 per participant), two 3 credit courses (\$320 per participant), three or more 3 credit courses (\$315 per participant)

Individuals registering with a group can sign up for any combination and number of courses. Group members DO NOT need to sign up for the same course. Please send all group registrations in the same mailing. One registration form per person please. Discounts apply only to the distance learning study courses.

Course materials for the correspondence courses will be mailed directly to you after registration and payment is received. If you choose to drop the course after the registration process is completed, only half of your registration fee will be refunded.

Please send registration form(s) and payment to:

Tammy Berg
M542 Cherry Street
Marshfield, WI 54449
OR Call: 715-387-4653
OR Email: info@sctgradclasses.com

Make Checks Payable to : S.C.T.

Credit Card Payments:

Card # _____

Expiration Date: _____