

**University of San Diego
Division of
Continuing Education**



Study Course Registration Form

Complete The Entire Form (all fields are required unless noted)
All Classes Have Been Approved for Semester Units of Graduate Level Extension Credit

Participant's Information

Full Name:	
Street Address: (mailing address)	
City	
State/Province:	
Country:	
Zip/Postal Code:	
Phone number:	
Social Security Number:	
E-mail address:	

Class Information

Instructor(s):	Dr. T. Roger Taylor
Full Class Title:	Differentiating the Curriculum: Using an Integrated, Interdisciplinary, Thematic Approach

Other USD Information

Location of class (city, state):	
Class Date(s):	
Class Number:	EDU 518MA
Fees	3 semester units of credit - \$275.00

Payment Information

Check # _____ Return Registration Form with check payable to: Curriculum Design for Excellence, Inc. P. O. Box 4505, Oak Brook, IL 60522	Type of Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Credit Card # _____ Exp. Date _____ Name on Credit Card: _____ Signature: _____
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Have you taken classes previously from USD? ___ Yes ___ No If yes, when? _____
 Are you currently enrolled in another USD class? ___ Yes ___ No

The undersigned waives any liability against the University of San Diego and/or instructors during the course of this program.

Signature _____ Date _____

An official transcript will be sent to your mailing address upon receipt of final grades at no charge. Additional transcript requests must be in writing (per Buckley Amendment) and must be accompanied by \$5.00 for each transcript requested, payable to University of San Diego. You can also request an additional transcript online at <http://usd-online.org/transcriptrequest.aspx>

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