Social Work in School Setting Registration Form

Name _____

Mailing Address _____

_____

Social Security Number _____ Day Time Phone _____

Email Address _____ Job Title _____

MSW Grant Institution _____ Date Degree Conferred _____

Indicate below the course(s) in which you would like to enroll (Remember each class is $400.00):

Social Work in School Settings

Fall Term: November 9,10,16, 17, 2002
Spring/Summer Term: June 26-29, 2003

Psychological Testing

Winter Term: April 5, 6, 12 13, 2003
Spring/Summer Term: July 10-13, 2003

Mental Health and Mental Disabilities

Winter Term: February 6-9, 2003
Spring/Summer Term: July 31-August 3, 2003

Social Work Refresher

Spring/Summer Term: May 1-4, 2003

Method of Payment

☐ Check ☐ Visa ☐ MasterCard ☐ Discover

Card # _____ Expiration Date _____

Signature _____

Mail registration form, accompanied by payment to:

UM School of Social Work
Continuing Education Program
1080 South University
Ann Arbor, MI 48109-1106
734-647-4281

Fax registration with credit card payment to: 734-763-3372