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In Partnership with
Ashland University

Professional Development Services
 Online Graduate Credit Workshop

Registration Form

Date (mm/dd/yyyy) _____ Social Security No. _____

Name _____ Phone _____
Last First Middle (area code) xxx-xxxx

Other names under which you have registered: _____

Home Address: _____
Number & Street City State Zip

Check if new address

Place of employment _____ Phone _____
(area code)xxx-xxxx

Email address _____

Gender: Male Female Date of Birth (mm/dd/yyyy) _____

- Black or African American American Indian or Alaska Native Asian
- Hispanic or Latino Native Hawaiian or other Pacific Islander White

I have at least a bachelor's degree Yes No

I have a valid teaching certificate/license Yes No

I have read and understand the course requirements Yes No

Workshop No.	Cr. Hrs.	Workshop Title and Start Date

Signature _____

Lorain County JVS and Ashland University admit students with disability and those of any sex, race, age, color, and national or ethnic origin.

Once a registration has been signed and processed it cannot be changed. A registration is a commitment to pay the non-refundable tuition cost.

For Additional Graduate Credit Workshop Offerings
www.lcjvs.com