

Independent Study Registration

Please complete this form and

Fax to: 507-723-8501 or

Mail to: Educational Resources of MN

PO Box 147

Springfield, MN 56087 or

Call: **1-800-278-8126**

First Name		Last 1	Name					
Address_		City			State	_Zip		
Phone Number		E-mail						
New to Education	nal Resources: Y or N; If No,	, has y	our name or ac	ldress cha	anged?	? Y or N;		
Previous Name o	r Address:							
Please select	course(s) and college you	u wo	uld like to r	eceive (credit	ts from and complete the nece	ssary information	
COURSE		Course No. I			COLLEGE/UNIVERSITY (select one)			
Powerful Teaching			659F	3		Augustana Univ	Augustana University	
The Right Fit: Strategies for Differentiated Instr.			659G	3		Morningside Co	Morningside College	
Raising Achievement from the Inside Out			659I	3				
The Win-Win Classroom			659J	3				
Reading for Success in All Classrooms			659N	3				
Make the Move! Transitioning to an Active Classroom			659R	3				
Bullying & Cyberbullying: What Every Educator Needs to Know		659T	3					
Educating in a Diverse Classroom			659O	2				
Elevating Education: Ensuring Student Success		659Q	2					
Inspire Learning			659L	2				
Teach the Way They Learn: Teaching Students with			659S	2				
Learning Disabilities		PRICING			Number of courses registering fo	r: TOTAL COST		
			\$445 per 3 cr \$345 per 2 cr		X X			
METHOD	OF PAYMENT:							
□ Check	le Payable to: Educational Resources of MN							
□ VISA	□ Mastercard		Discover					
Card #			Exp. Date			Verification Code		
	ials will be mailed directly to y					s received. Please allow up to 2 weeks		

<u>Withdrawal Policy</u>: You may with withdraw at any time. Students wishing to withdraw from a course are required to return all course materials. Students that withdraw within the first 15 days of receiving the course material will receive a refund of their registration fee except for a \$75 non-refundable cancellation fee. Students that withdraw after the first 15 days will forfeit their entire registration fee.