



Application for Early Childhood Workshop Credit

Do not send money, you will be billed.

Name: (Last, First, Middle)		Social Security or Student ID Number
Former Name(s)		Date of Birth
Mailing Address: Number and Street:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, zip		Home Phone
Billing Address: Number and Street: (if different than above)		Cell Phone
City, State, zip		Work Phone
Are you a US Citizen or Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If no , specify country of citizenship, type of visa and visa expiration date:		Email:
Have you attended UD before? Yes No If yes, did you attend as an <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate <input type="checkbox"/> both	<input type="checkbox"/> I am enrolled in the following UD Degree, Certification, or Licensure Program:	<input type="checkbox"/> I am non-degree seeking at this time Do you plan to enter a Degree/Certification Program at a later date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate/Associate Degree Information		
Name of Degree-Granting Institution	Degree and Major	Date Received

Number of workshop credits you are seeking: _____

Type of workshop credit that you are seeking: Graduate Undergraduate

List workshops that you are including to add up to 15 or more contact hours:

This/these workshops are one of the following approved workshops:

- _____ Step up to Quality approved
- _____ ODE approved
- _____ Head Start/ High Scope approved
- _____ OCCRA sponsored
- _____ 4C sponsored
- _____ *Did You Know* sponsored
- _____ SEERC/ESC sponsored
- _____ Other (describe)

Submit this form and **copies** of certificates of attendance equaling 15 or more contact hours of approved workshop credit to the address below. These copies will not be returned.

Workshop credits will be processed at the end of each term.