| เขเนเน-บเรcipiinar   | y Professional             | Development i                  | or Educator             | s – Page 1              |                        |       |
|--|----------------------------|--------------------------------|-------------------------|-------------------------|------------------------|-------|
| ENROLLMENT/ATTENDANCE VERIFICATION FORM  | Fall 20                    | <b>17 (INTD 883)</b> Due Decei | mber 1, 2017 – Trar     | nscripts available afte | r December 31          |       |
| REGIONAL & CONTINUING EDUCATION  | Spring                     | <b>2018 (INTD 884)</b> Due Ma  | ay 1, 2018 – Transci    | ripts available after M | 1ay 31                 |       |
| CALIFORNIA STATE UNIVERSITY, CHICO   | Summ                       | er 2018 (INTD 885) Due         | August 1, 2018 – Tr     | anscripts available aft | ter August 31          |       |
| CHICO, CA 95929-0250   | *Debra Barger, I           | nstructor of Record            |                         |                         |                        |       |
| 530-898-6105 or <u>rce@csuchico.edu</u>  | *Letter of Verific         | cation can be provided u       | pon request if need     | ded prior to transcrip  | t availability         |       |
| NAME PF  | REVIOUS NAME               | DOB                            | STUD                    | ENT ID # (if known)     |                        |       |
| ADDRESS  | CITY                       | STATE                          | ZIP                     | MALE                    | FEMALE                 |       |
| COUNTY PHONE #   |                            |                                | EMAIL ADDRESS           |                         |                        |       |
| CHECK VISA/MASTERCARD #  |                            |                                | EXP DATE                | SECURITY                | Y CODE                 |       |
| This form is used to verify your attendance at   |                            |                                |                         |                         |                        |       |
| participate in a session. You may earn 1 unit  |                            |                                |                         |                         |                        |       |
| seminars, verification of seminar completion<br>attended with completion dates. Each NHC se                      |                            |                                |                         | ture. For NHC, atta     | ach a listing of ser   | nına  |
| NAME OF PROGRAM/WORKSHOP   | MM/DD/YY                   | TOTAL # OF HOURS               | · ·                     | SIGNATURE (NI/A         | for NHC cominars       | \ \ \ |
| WAIVIE OF FROGRAM, WORKSHOP  | IVIIVI/DD/11               | TOTAL # OF HOURS               | TACILITATOR 3           | SIGNATORE (N/A          | TOT INTIC Settimats    | 4     |
|  |                            |                                |                         |                         |                        |       |
|  |                            |                                |                         |                         |                        |       |
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|  |                            |                                |                         |                         |                        |       |
|  |                            |                                |                         |                         |                        |       |
|  | TOTAL                      |                                | UNITS L                 |                         |                        |       |
| I verify that the above information is correct and have realize these units are not applicable for degree or cre |                            |                                |                         |                         |                        |       |
| realize these units are not applicable for degree of the   | uentiai pui poses. Tain re | sponsible for determining      | g triat triis credit me | eets my professional,   | educational objective  | э.    |
| Student's Signature  |                            | Date                           |                         |                         |                        |       |
| COUNTY OFFICE VALIDATION (NHC seminars have be   | en vetted and preapprov    |                                | ice of Education. N     | o authorizing signatu   | re is necessary if all |       |
| hours completed are from NHC seminars): I verify tha   | t the registrant has comp  | leted all necessary requir     | rements for the req     | uested credit and tha   | it proof of attendance | ē     |
| is on record with the appropriate school agency.   |                            |                                |                         |                         |                        |       |
| County Signature   | Distric                    | t Signature                    |                         | Date                    |                        |       |
| Guidelines for enrolling in academic units:  | (Pluma                     | as County Only)                |                         |                         |                        |       |
| Hours submitted must be within a on  | •                          | • • •                          | ish and submitte        | ad immediately for      | r credit to avoid      |       |
| having hours expire. Hours more than   |                            |                                |                         | Initiculately 101       | i cicuit to avoid      |       |
| <ul> <li>Unless a \$10 late fee is included, hou</li> </ul>  | •                          | •                              |                         | deadline was met        |                        |       |
|  |                            |                                |                         |                         | •                      |       |

- Late enrollments may only go back one term. Hours must still fall within the one-year timeframe outlined as above.
- 15 hours are required for 1 unit of University credit. Partial units are not available.
- No future hours will be considered.
- The maximum units that can be earned in a single term is 10.
- Continuing Education does not keep track of hours in excess of 15-hour increments; that is the responsibility of the registrant. You are strongly encouraged to keep copies of forms submitted.

Course Description: This course integrates curriculum reform with teaching strategies in a variety of subject matter areas. The purpose of this course is to assist educators in developing comprehensive teaching plans and actions that are standards-based.

<u>Verification of Hours:</u> You need to maintain an attendance verification form for each workshop attended, date(s), and the hours participated. The final enrollment requesting the units requires your signature verifying the information to be true and accurate, the facilitator's signature at each workshop, and the verifying signature of the designated administrator (e.g., assistant superintendent at your County Office of Education or the appointed administrator for selected school districts). For County Office address/contact information, go to http://rce.csuchico.edu/teachers/multidisciplinary, and click on "signatories and contact information."

Grades: These courses are graded credit/no credit and do not meet degree or credential requirements. This is an umbrella course used to enroll educators who attend various workshops or conferences throughout the year. Grades can be accessed online through the CSU, Chico Portal at portal.csuchico.edu. Access requires you to activate a Portal account with the University if you are a first time user. You may contact Regional & Continuing Education at 530-898-6105 for your student ID number or refer to your registration confirmation. Transcripts: The title of the course on official transcripts is Multi-Disciplinary Professional Development. To request your Official Transcripts, contact Records at 530-898-5142, or visit http://www.csuchico.edu/sro/forms/transcript.shtml and send the request to the address on the form. For any other questions, please visit <a href="http://rce.csuchico.edu/teachers">http://rce.csuchico.edu/teachers</a> or call us at 530-898-6105.

| ~~~~~~~~For Office Use Only~~~~~~~~ |          |  |  |  |
|-------------------------------------|----------|--|--|--|
| Units                               | Approved |  |  |  |
| Hours                               | Date     |  |  |  |

Updated 4/20/17

## Multi-Disciplinary Professional Development for Educators – Page 2

PLEASE NOTE: This page is only for tracking hours if there is not enough room on page 1.

DO NOT turn in this page on its own; it must be attached to page 1.

or STUDENT ID # (if known)

DOB

ENROLLMENT/ATTENDANCE VERIFICATION FORM REGIONAL & CONTINUING EDUCATION CALIFORNIA STATE UNIVERSITY, CHICO

CHICO, CA 95929-0250 530-898-6105 or <u>rce@csuchico.edu</u>

NAME

| NAME OF PROGRAM/WORKSHOP  | MM/DD/YY                        | TOTAL # OF HOURS              | FACILITATOR'S SIGNATURE  |
|---|---------------------------------|-------------------------------|--|
|   |                                 |                               |  |
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|   | TOTA                            | .L U                          | INITS  |
|   |                                 |                               |  |
| rify that the above information is correct and h                                    | nave not used these hours to    | obtain any other credit. I ha | ave applied the coursework towards professional growth a<br>that this credit meets my professional/educational objecti |
| ize these units are not applicable for degree of                                    | r credentiai purposes. Faiii re | esponsible for determining t  | that this credit meets my professional/educational objecti   |
| dent's Signature  |                                 | Date                          |  |
| <b>INTY OFFICE VALIDATION:</b> I verify that the reather appropriate school agency. | gistrant has completed all ne   | cessary requirements for th   | ne requested credit and that proof of attendance is on rec   |
|   |                                 |                               |  |
| nature  | Title                           | Date                          |  |