

REGISTRATION FORM

MASTER OF EDUCATION



NOTE: Official transcripts from the post-secondary institution which granted your Bachelor of Education degree must be submitted to the Registrar's Office prior to the third week of the first course for which you register. Registrar's Office, Box 6004, Moncton, NB, E1C 9L7, ATTN: JESSICA GRIMES

PERSONAL INFORMATION

Name _____
Last Previous Name First Middle

Address _____
Street/P.O. City Province Postal Code

_____ Home Phone _____ Work Phone _____ E-mail

Date of Birth: _____ MM/DD/YYYY Have you ever attended Crandall? ____ If so, what year(s)? _____ Student #: _____

BACKGROUND INFORMATION

Current Level of Certification: ____ Current School District: _____

Current School: _____

Degrees completed/Universities attended: _____

REGISTRATION INFORMATION

OFFICE ONLY

Please select a concentration: Literacy Education Resource Education

List all courses for which you are registering:

Course Number (i.e. ED6706)	Course Title	Start Date (mm/dd/yyyy)	Amount

FINANCIAL INFORMATION

Please be advised that I hereby authorize Crandall University to charge the non-refundable \$150.00 enrolment deposit to my Visa or Mastercard as I instruct them below for the student named on this form. By signing this form it will have the same force as if I have signed the Visa/ Mastercard slip myself.

Name of Cardholder (please print): _____ Phone Number: _____

Card number: _____ Expiry Date: _____

Visa Mastercard Total amount to be charged (\$150.00/ course listed above): \$ _____

Cardholder Signature: _____ Date: _____

*The enrolment deposit may be paid by by cash, cheque, credit card, debit or online banking.

This form can be faxed to (506) 863-6460 or mailed to: Crandall University, P.O. Box 6004, Moncton, NB E1C 9L7, ATTENTION: Jessica Grimes, Assistant Registrar and Coordinator of Education Admissions. For more information dial (506)858-8970 or email jessica.grimes@crandallu.ca.

Signature: _____

Date: _____

MM/DD/YYYY