Multi-Disciplinary Professional Development for Educators – Page 1

ENROLLMENT/ATTENDANCE VERIFICATION FORM

REGIONAL & CONTINUING EDUCATION
CALIFORNIA STATE UNIVERSITY, CHICO
CHICO, CA  95929-0250
530-898-6105 or rce@csuchico.edu

*Debra Barger, Instructor of Record
*Letter of Verification can be provided upon request if needed prior to transcript availability

NAME OF PROGRAM/WORKSHOP  MM/DD/YY  TOTAL # OF HOURS  FACILITATOR’S SIGNATURE (N/A for NHC seminars)

I verify that the above information is correct and have not used these hours to obtain any other credit. I have applied the coursework towards professional growth and realize these units are not applicable for degree or credential purposes. I am responsible for determining that this credit meets my professional/educational objectives.

Guidelines for enrolling in academic units:

- Hours submitted must be within a one-year (or less) timeframe from start to finish and submitted immediately for credit to avoid having hours expire. Hours more than one-year old are not acceptable for credit.
- Unless a $10 late fee is included, hours submitted will be enrolled under the term for which the 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.

Verification of Hours: 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 http://rce.csuchico.edu/teachers/multidisciplinary. 

Transcripts: The title of the course on official transcripts is Multi-Disciplinary Professional Development. To request your Official Transcripts, contact Records at 530-898-6105, 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 http://rce.csuchico.edu/teachers or call us at 530-898-6105.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~For Office Use Only~~~~~~~~~~~~~~~~~~

Units

CSU Chico, Level 1- Confidential

Updated 8/25/16

F16/S17/Su17 Form
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NAME      DOB    or STUDENT ID # (if known)  

This form is used to verify your attendance at a variety of professional development programs. Have the form signed each time you participate in a session. You may earn 1 unit of credit per 15 hours of attendance for a fee of $60 per unit.

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<th>NAME OF PROGRAM/WORKSHOP</th>
<th>MM/DD/YY</th>
<th>TOTAL # OF HOURS</th>
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TOTAL  UNITS

I verify that the above information is correct and have not used these hours to obtain any other credit. I have applied the coursework towards professional growth and realize these units are not applicable for degree or credential purposes. I am responsible for determining that this credit meets my professional/educational objectives.

Student’s Signature     Date

COUNTY OFFICE VALIDATION: I verify that the registrant has completed all necessary requirements for the requested credit and that proof of attendance is on record with the appropriate school agency.

Signature    Title      Date

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F16/S17/Su17 Form

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