

## Course of Study Enrollment Form

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

I want to enroll in the following **Course of Study**: \_\_\_\_\_

I have registered for my first course. \_\_\_\_\_ Semester \_\_\_\_\_ Year

**\*\*Please note: You must register for individual courses through the Division of Continuing Studies. Completion of this form does not register you in courses and does not guarantee enrollment in courses. Priority for seats in individual courses is given to candidates matriculated in degree programs and then on a first-come first-serve basis.**

Please mail this form to:

Delaware Center for Teacher Education  
Attention: Barbara VanDornick  
200 Academy Street  
University of Delaware  
Newark, DE 19716

Upon completion of all the courses in the designated Course of Study, please notify the Delaware Center for Teacher Education at the above address. A letter verifying completion of the Course of Study will be mailed to you.