

Early Childhood Developmental Courses
Student Eligibility Checklist
Fall 2008

Please complete all information in this section.

Student name _____

Student ID _____

Student email _____

Student address _____

City, State, Zip _____

Student work phone _____ (home) _____

Student cell phone _____

Student work facility _____

Fax #(work) _____

Faculty Advisor _____

Student wishes to register for _____ (course prefix, number, section)

This section will be completed by the Developmental Coordinator.

1. _____ Student program code A55220 Verified by
2. _____ Student successfully completed EDU 119 and other EDU courses Verified by
3. _____ Student placement test score appropriate Verified by
4. _____ Student has signed letter of commitment Verified by
5. _____ Director has signed letter of commitment Verified by
6. _____ Student provided with information re. course, re. funds for substitute teacher/how to obtain, re. tutor availability, etc.
7. _____ Student information/request for block override sent to course instructor (indicate date and by whom)
8. _____ Student enrolled in course Verified by

Please answer the question below.

Is student's tuition being paid by TEACH? _____ Yes _____ No

Please provide the information below if you want the registration process completed for you. This is optional.

Username _____

Password _____