

# Professional Development Credit

## Loyola Marymount University

LMU Extension – Spring – Summer – Fall 2008 (circle season)

### STUDENT INFORMATION: PLEASE PRINT CLEARLY -- IN DARK INK

Legal Name \_\_\_\_\_  
Last First M.I.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
For Student Identification Only For Student Identification Only

Address \_\_\_\_\_  
Street and Number

City State Zip Phone: Area Code Number

E-Mail Address: \_\_\_\_\_  Male  Female

"I have read and understood the course requirements outlined in attached information sheet and I am aware of additional course requirements"

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Register me in the following course(s) (check box):

<input checked="" type="checkbox"/>	Course Number	Course Title	Credits	Tuition
<input type="checkbox"/>	EDUX 801.01	Yoga Tools for Teachers	1	\$75.00
<input type="checkbox"/>	EDUX 801.02	Yoga Ed Tools for High School Teachers	2	\$150.00
<input type="checkbox"/>	EDUX 802.01	PE Teacher Training	2	\$150.00
<input type="checkbox"/>	EDUX 803.01	Yoga Tools Training (7-day)	3	\$225.00
<input type="checkbox"/>	EDUX 806.01	Yoga Pre-K (3-day)	1	\$75.00
<input type="checkbox"/>	EDUX 801.03	Yoga Practices & Poses	2	\$150.00
<input type="checkbox"/>	EDUX 801.04	Mind-Body Working w/At-Risk Youth	2	\$150.00

### Complete the tuition payment information:

Check number \_\_\_\_\_ Date of Check \_\_\_\_\_ Enclosed \$ \_\_\_\_\_

(or) Please charge my:  Visa  MasterCard in the amount of \$ \_\_\_\_\_

Account # \_\_\_\_\_

Exp. date \_\_\_\_\_

#### Tuition is non-refundable

Application must be accompanied by check made payable to:  
LOYOLA MARYMOUNT UNIVERSITY  
Controller's Office, Dept. 55881  
Los Angeles, California 90074-5881

FOR OFFICE USE \_\_\_\_\_

Date submitted  
REGFORM\_YogaEd 6/10/08