



Office of the Registrar

MISERICORDIA UNIVERSITY

REGISTRATION FORM

GRADUATE EDUCATION
PROFESSIONAL DEVELOPMENT CENTER

Please print or type

Name *Last* *First* *Middle*

Have you previously taken classes at Misericordia? Yes No If you have checked "yes", go directly to Registration section (unless you have changes).

Telephone *Home (include area code)* *Cell (include area code)* *Work (include area code)*

Preferred E-mail

Address *Street* *City* *State* *Zip*

Employer (if applicable)

REGISTRATION

Semester _____ Year _____

Course	Number	Section	Start Date	End Date	Credits*

*A student enrolled in these courses will receive three (3) graduate credits (not transferrable toward a master's degree) and Act 48 credits.

Important Note for Students: If you are considering an academic program that leads to a professional license in a state other than Pennsylvania, it is highly recommended you contact the appropriate licensing agency before beginning your academic program to determine requirements. To seek additional information and guidance on state licensure requirements before starting a program inside of Pennsylvania go to: <https://www.careeronestop.org/Toolkit/Training/find-licenses.aspx>

I understand that taking these three professional development courses specific to Autism does not qualify me an Autism Certification from Misericordia University. The three professional development courses would allow me eligibility to take the board certification exam through IBCCES to become an Autism Specialist or Autism Certificate based on degree level as defined by IBCCES.

I agree to meet all requirements and obligations (both academic and financial) which result from this registration and understand that it is my responsibility to notify the University in the appropriate fashion if I wish to discontinue enrollment.

My signature also acknowledges that I have read and understand the statement regarding professional licensure.

Student Signature _____ Date _____