DOMINICAN UNIVERSITY of CALIFORNIA 1890

# Professional and Continuing Education
# Unit Registration Form

Dominican University of California
Education Department
50 Acacia Avenue, San Rafael, CA 94901-2298
Fax: 415-458-3790
Email: Pauline.camp@dominican.edu

**STUDENT INFORMATION MANDATORY – Please Print**

Last Name | First Name | Middle Initial | Dominican Student ID (**Office Use Only**)

Mailing Address | City, State | Zip Code | Email

Daytime Phone # | Evening Phone # | Cell Phone #

Job Title | Employer

Have you taken courses through Dominican University?

List any other names under which you have enrolled

**COURSE SCHEDULE INFORMATION – Please Print**

| Course ID / Sect | Course Title | Office Use Term | Start Date | # Units | Instructor/Location |
|---|---|---|---|---|---|
| EDUX 9085 | Mentor Training-Teacher Induction: Experienced | A (B) C | 8/1/25 | 2 | Kradepohl/Off Campus |
| | | A B C | | | |
| | | A B C | | | |
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All grades are PASS/FAIL. Students will receive an Official Transcript upon Dominican's receipt of the signed course roster.

**PAYMENT INFORMATION**

Total Unit Processing Fees Due: $110

Payment Type (select one):
___ Cash
___ Money Order # _____
___ Check # _____
___ Credit Card (An invoice will be emailed to you)

**OFFICE USE ONLY**

Register Date:_____ Initials:_____ Student ID:_____

Payment Date:_____ Initials:_____