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

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 9082	Marin County Teacher Induction Program Year 2	A (B) C	8/1/25	4	Kradepohl/Off Campus
		A B C			
		A B C			

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: $220

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:_____