



### Student Information (Please Print)

Name:	
Address:	
City:	
State:	
Zip:	
Date of Birth:	___ / ___ / _____
Phone:	
Email:	

### Course Information

X	Course Name	Course Number	Credit Amount	Cost
	Creating Classroom Environments Where Learning Thrives	EDCU9990	1 Semester (1.5 Quarter)	\$120
	Demonstration Teacher Certification Project	EDCU9997	3 Semester (4.5 Quarter)	\$360
	Demonstration Teacher Extension	EDCU9998	3 Semester (4.5 Quarter)	\$360
	Keeping Them in the Room	EDCU9989	3 Semester (4.5 Quarter)	\$360
	Strategies for Small Group Success	EDCU9947	1 Semester (1.5 Quarter)	\$120
	A Healthy Classroom Implementation Plan	EDCU9915	3 Semester (4.5 Quarter)	\$360
	A Healthy Classroom Team Practicum	EDCU9916	3 Semester (4.5 Quarter)	\$360
	Resident Coach Application of Learning	EDCU 9934	3 Semester (4.5 Quarter)	\$360

### Payment Information

Check (Payable to Jacki Brickman, Inc.; Send to 2244 149<sup>th</sup> Ave NW, Andover, MN 55304)

Please send me an invoice via email for credit card payment

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Office Use Only

Invoice # \_\_\_\_\_ Check # \_\_\_\_\_