NOVA SOUTHEASTERN UNIVERSITY

Fax Cover Sheet

To: Academic Advising, Office of Student services

  Fischler School of Education and Human Services

Fax: 954-262-2336

From: _____

  Name   NSU#

Date: _____

Contact Phone: (day) _____ **(eve)** _____

NSU email account: _____

Total Pages including cover: _____

APPLICATION FORM

EL 600 SEMINAR IN THE KNOWLEDGE BASE OF EDUCATIONAL LEADERSHIP
STATE OF FLORIDA CERTIFICATION & DEGREE-SEEKING STUDENTS ONLY

This application does not guarantee your acceptance into this course. Once approved, your registration for EL 600 will be processed from the Student Transaction Form (STF) included in this application. In order to be eligible for EL 600, you must have met the following criteria:

   A. Completed GTEP Benchmark *EDU 5000 Orientation for Graduate Teacher Education Program,* and
   B. Completed the Educational Leadership course as prescribed in the catalog for your intended program
      (e.g., Master's, Ed.S.). **You may be eligible for EL 600 during same session as your last required EDL prefix course.**

Instructional Location (check one): ☐ Online ☐ Student Educational Center ☐ Cluster: _____

NSU Student Identification Number: N_____- _____- _____   NSU Email: _____

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ City: _____ State/Zip _____

Home Phone: (_____) _____Work/ Other Phone: (___) _____

Academic Goal: M.S. _____   Ed.S. _____ Modified Core (Seeking Certification Only):_____

Term (check one):
☐ Fall I 200__   ☐ Fall II __   ☐ Winter I __   ☐ Winter II __   ☐ Summer I __   ☐ Summer II __

Completion and submission of this EL 600 application form is not an official registration form and does not authorize my attendance or participation in the EL 600 seminar unless approved by an academic advisor. I understand that, if approved, my advisor will submit the attached student transaction form for EL 600 and will notify me accordingly.

Student's Signature: _____   Date: _____

-- **FOR ADVISOR USE ONLY** --

Major Code: ☐A534   ☐A542   ☐ F504

Course Number	Term Code	Grade Earned	
EDL 500 / EDL 700			* Prior to Fall 2008 CUR 506 accepted for EDL 506 for M.S
EDL 505 / EDL 705			**Prior to Fall 2008 EDU 702 accepted for EDL 702 for Ed.S
EDL 510 / EDL 710			*** Prior to Fall 2008 EDL 500,505,510,520,525,530,550 accepted for Ed.S
EDL 520 / EDL 720			
EDL 525 / EDL 725			****Beginning Fall 2008 EDL 700 Level Courses required for Ed.S
EDL 530 / EDL 730			
EDL 550 / EDL 750			
EDL 506 / EDL 702			

Approved – Registration: _____   Denied - Student notified _____

Application and Student File Reviewed by:_____ Date: _____
Academic Advisor/ESR

Applications not accompanied by Student Transaction Forms will not be accepted for consideration.

STUDENT TRANSACTION FORM

TO BE USED FOR COURSE REGISTRATION, DROP/ADD,
PARTIAL WITHDRAWAL, OR COMPLETE WITHDRAWAL

STF

NSU NOVA SOUTHEASTERN UNIVERSITY

3301 College Avenue
Fort Lauderdale, FL 33314-7796

PLEASE CHECK

☐ REGISTRATION ☐ DROP/ADD ☐ PARTIAL WITHDRAWAL ☐ COMPLETE WITHDRAWAL

A1 CIRCLE INFORMATION THAT HAS CHANGED SINCE YOUR LAST REGISTRATION

NSU ID **N** _ _ — _ _ _ — _ _ _ _

EMAIL ADDRESS

LAST NAME | FIRST | MIDDLE | HOME PHONE ( )

PRESENT LEGAL / HOME STREET ADDRESS | CITY | STATE | ZIP CODE | COUNTY

PRESENT LOCAL STREET ADDRESS | CITY | STATE | ZIP CODE | LOCAL/DORM PHONE ( )

EMPLOYER NAME / SCHOOL NAME

PHONE AT WORK

EMERGENCY CONTACT

LAST NAME | FIRST | MIDDLE | RELATIONSHIP | HOME PHONE

STREET ADDRESS | CITY | STATE | ZIP CODE | COUNTY

ACADEMICS

CENTER

PROGRAM 1

PROGRAM 2

A2 CHECK ONE IN EACH CATEGORY

COURSE LOCATION:
☐ MAIN CAMPUS (Location)

STUDENT STATUS:
☐ NEW STUDENT (FIRST TIME AT NSU)
☐ CONTINUING STUDENT
☐ RETURNING AFTER ABSENCE OF ONE YEAR

V.A. BENEFITS? ☐ YES ☐ NO FOREIGN STUDENT VISA? ☐ YES ☐ NO

DO YOU ANTICIPATE GRADUATING AT THE END OF THIS TERM? ☐ YES ☐ NO

IF YES, YOU MUST FILE AN **APPLICATION FOR DEGREE.**

CHECK ONE
☐ MALE ☐ FEMALE

DATE OF BIRTH
MO | DAY | YEAR

C

TERM CODE	BANNER COURSE REF. NO.	SUBJECT	COURSE NO.	SECTION	COURSE TITLE	DAY(S)	START DATE/END DATE	CR. HRS.	FOR DROP/ADD & WITHDRAWAL DROP	ADD	APPROVAL INITIAL	REG. CODE

STUDENT: PLEASE READ CAREFULLY

I HEREBY AGREE TO PAY WHEN DUE ALL SUMS ASSESSED BY NOVA SOUTHEASTERN UNIVERSITY FOR TUITION, HOUSING, AND FEES. IF COLLECTION IS REQUIRED, I AGREE TO PAY REASONABLE COLLECTION FEES AND/OR ATTORNEY'S FEES. I AUTHORIZE THAT MONIES RECEIVED WITH THIS REGISTRATION BE FIRST APPLIED TO ANY PRIOR DELINQUENT BALANCE.

X _____ STUDENT'S SIGNATURE _____ DATE

X _____ ADVISER'S SIGNATURE _____ DATE

D ALL TUITION AND FEES ARE DUE AT TIME OF REGISTRATION.
PLEASE INDICATE METHOD(S) OF PAYMENT:

☐ CASH ☐ CHECK OR MONEY ORDER (With your NSU ID No.) ☐ FINANCIAL AID/LOAN ☐ CREDIT CARD (SEE E)

STUDENT: AFTER THE ABOVE TRANSACTION, HOW MANY CREDITS THIS TERM?

E I hereby authorize a charge to be made to my credit card:
☐ COLLEGE CARD ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

AMOUNT

ACCOUNT NUMBER

EXP. DATE

STUDENT SIGNATURE: _____ DATE: _____

F REFUND POLICY

STUDENTS HAVE THREE WORKING DAYS FROM THE DATE OF SIGNING AN ENROLLMENT CONTRACT OR FINANCIAL AGREEMENT WITH THE UNIVERSITY TO CANCEL THE CONTRACT AND RECEIVE A FULL REFUND OF ANY TUITION AND REGISTRATION FEES PAID. FURTHER, A STUDENT SHALL RECEIVE A FULL REFUND OF TUITION AND REGISTRATION FEES PAID BY THE STUDENT PRIOR TO THE COMMENCEMENT OF INSTRUCTION IF THE STUDENT SUBMITS A WRITTEN REQUEST TO THE INSTITUTION WITHIN THREE WORKING DAYS OF THE PAYMENT. REFUND SCHEDULES FOR TUITION AND FEES AFTER THE COMMENCEMENT OF INSTRUCTION MAY BE FOUND IN THE APPROPRIATE CENTER OR PROGRAM CATALOG.

CHARGES	DETAIL CODE	AMOUNT
TUITION		
REGISTRATION		
LATE REGISTRATION	2007	
SERVICE CHARGE	2130	
APPLICATION		
STUDENT ACTIVITY		
STUDENT SERVICE		
PRIOR BALANCE DUE		
TOTAL		

PAYMENTS	DETAIL CODE	AMOUNT
STAFF WAIVER		
PRIOR CREDIT BAL.		
CASH ONLY		
MONEY ORDER, CHECK		
CREDIT CARD		
OTHER		
TOTAL		

G REFUND INFORMATION

ASSESSMENT $ _____
NO FINANCIAL ASSESSMENT _____
REVERSE _____ %
OF $ _____ $ _____
AUTHORIZED SIGNATURE _____
DATE _____
NO FINANCIAL ADJUSTMENT | REFUND | CREDIT ACCOUNT

H FOR UNIVERSITY USE ONLY

COHORT CODE

TUITION ASSESSMENT _____ DATE _____
REGISTRATION ENTERED _____ DATE _____
ACCOUNTS RECEIVABLE _____ DATE _____