CUSTOMIZED INDEPENDENT STUDY REGISTRATION FORM

Send this Registration Form, and Tuition Payment by US Mail to:
The Heritage Institute
P.O. Box 1273
Freeland WA, 98249
FAX 360.341.3070

Please print clearly.

Send a SEPARATE Registration Form for each CIS course.

First Name	Middle Initial	Last Name	
Home Mailing Address	City		State Zip
,	()		
Home Phone Number	() Daytime Phone Number	Year	-Round Email Address
Pennsylvania teachers I	MUST enter PPID #:		
omioyirama todonoro i			
School District Name	Grade: K-3. 4-5		Coll Admin Specialty
No. of Credits	Credit Level or Hours	Tuition	CIS Course Disciplines Available
Circle One	Circle One		Place a check mark next to one*
2 Qtr Cr or 20 Hrs	400 500	\$185	BU = Business
[Sem equiv = 1.33 Cr]	Clk Hrs PDU ACT 48 Hrs CE	U \$140	CM = Computer Technology
			ED = Education
3 Qtr Cr or 30 Hrs	400 500	\$280	HE = Health
[Sem equiv = 2.00 cr]	Clk Hrs PDU ACT 48 Hrs CE	u \$195	HI = History
			HU = Humanities
4 Qtr Cr or 40 Hrs	400 500	\$350	MA = Math
[Sem equiv = 2.66 cr]	Clk Hrs PDU ACT 48 Hrs CE	U \$265	MU = Music
			SC = Science
5 Qtr Cr or 50 Hrs	400 500	\$415	SP = Special Ed, Spanish
[Sem equiv = 3.33 cr]	Clk Hrs PDU ACT 48 Hrs CE	U \$315	SS = Social Studies, Social Science
6 Qtr Cr or 60 Hrs		# 40 5	Questions? Please call or email
[Sem equiv = 4.00 cr]	400 500	\$495	the Registrar at 360/341-3020 or
[Jeili equiv = 4.00 ci]	Clk Hrs PDU ACT 48 Hrs CE	u \$380	registrar@hol.edu.
urse Title			Discipline (choose 1 from above
Payment is due in full b	oy check, money order, MasterCar	d or VISA, or	District PO. Check one:
Check or M.O.#	Amount \$		PO # Amount \$
Credit Card Acct #			Exp CVC Amount \$
	ou use your continuing education c Salary Advancement Deficiency		velopment Renewal Month/Year/
AGREEMENT: I reque	st registration in the course indicate	ed. I have re	ad and agree to THI's policies & guidelin

Send this Registration Form & Tuition payment by U.S. Mail to THI at the address above.