SPECIAL EDUCATION OUTREACH PROGRAM
Cohort/Pre-Cohort Course Registration Form

George Mason University
4400 University Dr., M.S. 1F2
Fairfax, VA 22030-4444

Email: spedreg@gmu.edu

Course: _____ _____ -_____ (e.g. EDSE 501-601) **Cohort: _____**

CourseTitle:_____

Semester: _____ **No. of credits: _____**

SSN: __XXX__ - XX_ - _____ **G#**_____ Date of Birth:_____/_____/XXXX

_____

(Please Print) Last Name First Name MI Maiden or Other

_____

Street Address

_____ _____ _____ _____

City State Zip Code E-mail address

_____ _____

Home Phone Work Phone

The following questions are for our information only. Your answers will not affect your enrollment status. Your cooperation is voluntary. As an equal opportunity/affirmative action institution, the university must ask you to identify yourself in regard to these race/ethnic groups.

Sex: / / M / / F

Date of Birth: _____ Mo/Day/Yr

What is your ethnicity?: / /Hispanic or Latino / /Not Hispanic or Latino

What is your race? (Mark one or more races): / /American Indian or Alaska Native / /Asian / /Black or African American / /Native Hawaiian or Other Pacific Islander / /White

EDUCATIONAL HISTORY	**SCHOOL (including current GMU admission)** *(Bachelor's degree from a regionally accredited college or university is required)*	**Degree Pursued**	**Yr. Degree Completed OR Expected**
Undergraduate			
Graduate			

I acknowledge I am willing to accept the obligations imposed by the Honor System as it operates at George Mason University. I understand I am registering for this course and will adhere to the payment and drop policies stated on the cohort website at http://gse.gmu.edu/programs/sped_cohort_program/.

Signature _____ Date _____