**Mark page numbers:** Page \_\_\_\_\_\_ of \_\_\_\_\_\_\_

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| **Instructions**: This form is to be used for each Training.   1. Complete form in full. 2. Adult Learner Registration Fees is to be submitted with (or on the same day as) Adult Learner List. 3. Submit form within **6 weeks** of the Start Date of the Academic Phase.   **Application Must Be Typed or Neatly Printed in English.** | | | | | | |
| Teacher Education Program (TEP) Legal Name | | | | Today’s Date (month/dd/yy) | | |
| Program Name (if different than above) | | | | | | |
| Physical Location (Site) of Program: | | | | | | |
| **Certification Course Level**  **(I-T, EC, E-I, E-II)** | **Academic Phase**  **Start Date (month/dd/yy)** | **Academic Phase**  **End Date (month/dd/yy)** | **Expected**  **Practicum Phase Start Date (month/dd/yy)** | | **Expected**  **Practicum Phase**  **End Date (month/dd/yy)** | **Expected**  **Graduation Date (month/dd/yy)** |
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| **ADULT LEARNER INFORMATION** | | |
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| **Adult Learner Name (Last, First)** | **Email Address** | **Paid Registration Fee?** |
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| CONTINUE TO NEXT PAGE **or** Total Number of A.L. \_\_\_\_\_\_ x $150.00 ea = | | $ \_\_\_\_\_\_\_\_\_\_\_\_  **Amount Sent** |

**Mark page numbers at top of page. Use additional pages as needed.**

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| ADULT LEARNER LIST CONTINUED **Mark page numbers:** Page \_\_\_\_\_\_ of \_\_\_\_\_\_\_  Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (month/dd/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **ADULT LEARNER INFORMATION** | | |
| **Adult Learner Name (Last, First)** | **Adult Learner Name (Last, First)** | **Paid Registration Fee?** |
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| CONTINUE TO NEXT PAGE **or** \_\_\_\_\_\_ (total number of A.L.) **x** $150.00 ea = | | $ \_\_\_\_\_\_\_\_\_\_\_\_  **Amount Sent** |

**⃰ Add additional pages of Adult Learners as needed.** **Mark page numbers at top of page.**