



Registration Form- Teacher Performance Assessment (TPA)

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|---------------|-----------------|------------|----------|----------------|
| LAST NAME | | FIRST NAME | | MIDDLE INITIAL |
| MAIDEN NAME | MAILING ADDRESS | | | |
| DAYTIME PHONE | CITY | STATE | ZIP CODE | |
| EVENING PHONE | EMAIL ADDRESS | | | |

University Records Information

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|----------------------------|---|--|--|--|
| STAN STATE ID # (REQUIRED) | DATE OF BIRTH (REQUIRED) | HAVE YOU PREVIOUSLY ATTENDED STANISLAUS STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> YES, AS AN UEE STUDENT | | |
| ETHNIC CODE (OPTIONAL) | DO YOU REQUIRE SPECIAL SERVICES?* <input type="checkbox"/> NO <input type="checkbox"/> YES | GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE | | |

Course Registration Information

| COURSE TITLE | COURSE REQUEST NUMBER (CRN) | FEES |
|---|-----------------------------|----------|
| NONC 7555- CalTPA Instructional Cycle 1 | | \$200.00 |
| NONC 7556- CalTPA Instructional Cycle 2 | | \$200.00 |

****Please Note: There are no refunds for TPA courses.**

(Please select course selection)

Payment Information

PAYMENT TYPE CASH CHECK/MONEY ORDER * Make Checks payable to CSU Stanislaus

NEW CREDIT CARD PAYMENT POLICY: ALL CREDIT CARD PAYMENTS ARE TO BE MADE ON YOUR STUDENT PORTAL.

Signature

SIGNATURE OF REGISTRANT

BY SIGNING ABOVE, YOU RECOGNIZE THAT YOU ARE REGISTERING FOR THE ABOVE COURSE AND ARE RESPONSIBLE FOR PAYING THE COURSE FEES.

* For information regarding special services to accommodate a physical, perceptual or learning disability, please contact Disabled Student Services at (209) 667-3159.

Please note: Make checks payable to "CSU Stanislaus."

For Office Use Only

| | |
|----------------------------|-------------|
| TERM | AMOUNT PAID |
| AUTHORIZATION/CHECK NUMBER | |