Tear off the top of this sheet and submit it with a tuition check TODAY. Keep the bottom half and send to CSM later, when requesting a transcript.

WORKSHOP GRADE:(to be assigned in b		TUITION CHECK NUMBER:
PLEASE PRINT Full Name:		
Mailing Address:		
City:	State:	Zip:
Social Security Number:		
Telephone: (school)	(home)	
School:	Grade Level:	Birth Date:
Email:		
Are you Hispanic/Latino? Yes / No Select one or more:American Indian or Alaska NativeAsianBlack or African American	White	n or Other Pacific Islander
Participants: Keep this half of the shee	EAR HERE t until you are read	y to request a transcript from CSM.
Request for	or Transcript of	Record
Please print all information: Full Name:		Teacher Enhancement courses taken within the last uwant to appear on your transcript.*
Social Security Number:	-	
Contact Phone: ()		
Mail to:		
		ancement Office is not responsible for the omission of (within six months) if you do not list them above.
Transcripts cost \$6.00 per copy. Number of copies requested:	Colorad	r Enhancement Office o School of Mines
Amount enclosed: \$		ckson St,, Ste. 160A CO 80401
Make check out in the correct amount payable to: <u>CSM Continuing Education</u> .	Or order online a	
	http://te.csmspac	ce.com/register.php
Signature: (required)		Date:

The Teacher Enhancement Office and Colorado School of Mines cannot be responsible for meeting individual deadlines for credits toward teacher recertification and/or salary increases. Official transcripts for current course work can be printed upon request approximately two weeks after the instructor submits course grades to the Teacher Enhancement Office.