



## Fax Cover Sheet

**To: Academic Advising, Office of Student services  
Fischler School of Education and Human Services**

**Fax: 954-262-2336**

**From:** \_\_\_\_\_

**Name**

**NSU#**

**Date:** \_\_\_\_\_

**Contact Phone:** (day) \_\_\_\_\_ (eve) \_\_\_\_\_

**NSU email account:** \_\_\_\_\_

**Total Pages including cover:** \_\_\_\_\_



**Application Form**

**EDL 545/745 – Administration of School Improvement Process**

**This application does not guarantee your acceptance into this course.** Once approved, your registration for EDL 545/745 will be processed from the Student Transaction Form included in this application. In order to be eligible for EDL 545/745, you must have met the following criteria:

- A. Complete GTEP Benchmark – EDU 5000 Orientation for Graduate Teacher Education Program
- B. Complete the Educational Leadership courses as prescribed in the catalog for your intended program (e.g., Master’s, EdS.)  
**You may be eligible for EDL 545/745 during the same session as your last required EDL prefix course.**
- C. Not enrolled in the Florida State Approved program or the Florida Modified Core Program.

Instructional Location (check one):  Online  Student Educational Center  Cluster: \_\_\_\_\_

NSU Student Identification Number: N\_\_\_ - \_\_\_ - \_\_\_ NSU Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/ Other Phone: (\_\_\_\_) \_\_\_\_\_

Academic Goal: M.S. \_\_\_\_\_ Ed.S. \_\_\_\_\_

**Term (check one):**

Fall I 200  Fall II  Winter I  Winter II  Summer I  Summer II

**Completion and submission of this EDL 545/745 application form is not an official registration form and does not authorize my attendance or participation in the EDL 545/745 course unless approved by an academic advisor. I understand that, if approved, my advisor will submit the attached student transaction form for EDL 545/745 and will notify me accordingly.**

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-----FOR ADVISOR USE ONLY-----**

Major Code:  A534  MS  EdS

Course Number	Term Code	Grade Earned	
EDL 500 / EDL 700			* Prior to Fall 2008 CUR 506 accepted for EDL 506 for M.S
EDL 505 / EDL 705			**Prior to Fall 2008 EDU 702 accepted for EDL 702 for Ed.S
EDL 510 / EDL 710			*** Prior to Fall 2008 EDL 500,505,510,520,525,530,550
EDL 520 / EDL 720			accepted for Ed.S
EDL 525 / EDL 725			****Beginning Fall 2008 EDL 700 Level Courses required for
EDL 530 / EDL 730			Ed.S
EDL 550 / EDL 750			
EDL 506 / EDL 702			

Approved – Registration entered: \_\_\_\_\_ Denied – Student notified: \_\_\_\_\_

Application and Student File Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Academic Advisor/ESR*

***Applications not accompanied by Student Transaction Form will not be accepted for consideration.***

PLEASE FAX REGISTRATION TO 954-262-2336 ATTENTION: CUSTOMER SERVICE SUPPORT



3301 College Avenue  
Fort Lauderdale, FL 33314-7796

# STUDENT TRANSACTION FORM

TO BE USED FOR COURSE REGISTRATION, DROP/ADD,  
PARTIAL WITHDRAWAL, OR COMPLETE WITHDRAWAL

STF



**PLEASE CHECK**

- REGISTRATION   
  DROP/ADD   
  PARTIAL WITHDRAWAL   
  COMPLETE WITHDRAWAL

<b>A1</b>	CIRCLE INFORMATION THAT HAS CHANGED SINCE YOUR LAST REGISTRATION	NSU ID <b>N</b>						EMAIL ADDRESS
LAST NAME			FIRST	MIDDLE	HOME PHONE (    )			
PRESENT LEGAL / HOME STREET ADDRESS			CITY	STATE	ZIP CODE	COUNTY		
PRESENT LOCAL STREET ADDRESS			CITY	STATE	ZIP CODE	LOCAL/DORM PHONE (    )		

ACADEMICS	CHECK ONE IN EACH CATEGORY
CENTER	<b>COURSE LOCATION:</b> <input type="checkbox"/> MAIN CAMPUS (Location) <input type="checkbox"/> NEW STUDENT (FIRST TIME AT NSU) <input type="checkbox"/> CONTINUING STUDENT <input type="checkbox"/> RETURNING AFTER ABSENCE OF ONE YEAR
PROGRAM 1	
PROGRAM 2	
<b>V.A. BENEFITS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>FOREIGN STUDENT VISA?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU ANTICIPATE GRADUATING AT THE END OF THIS TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU MUST FILE AN APPLICATION FOR DEGREE.	
<b>CHECK ONE</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>DATE OF BIRTH</b> MO    DAY    YEAR	

EMPLOYER NAME / SCHOOL NAME	<b>EMERGENCY CONTACT</b>	LAST NAME	FIRST	MIDDLE	RELATIONSHIP	HOME PHONE
PHONE AT WORK		STREET ADDRESS		CITY	STATE	ZIP CODE    COUNTY

C	TERM CODE	BANNER COURSE REF. NO.	SUBJECT	COURSE NO.	SECTION	COURSE TITLE	DAY(S)	START DATE/END DATE	CR. HRS.	FOR DROP/ADD & WITHDRAWAL DROP	ADD	APPROVAL INITIAL	REG. CODE

**STUDENT: PLEASE READ CAREFULLY**    I HEREBY AGREE TO PAY WHEN DUE ALL SUMS ASSESSED BY NOVA SOUTHEASTERN UNIVERSITY FOR TUITION, HOUSING, AND FEES. IF COLLECTION IS REQUIRED, I AGREE TO PAY REASONABLE COLLECTION FEES AND/OR ATTORNEY'S FEES. I AUTHORIZE THAT MONIES RECEIVED WITH THIS REGISTRATION BE FIRST APPLIED TO ANY PRIOR DELINQUENT BALANCE.

X STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_   
 X ADVISER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**D ALL TUITION AND FEES ARE DUE AT TIME OF REGISTRATION. PLEASE INDICATE METHOD(S) OF PAYMENT:**

CASH   
  CHECK OR MONEY ORDER (With your NSU ID No.)   
  FINANCIAL AID/LOAN   
  CREDIT CARD (SEE E)

**STUDENT: AFTER THE ABOVE TRANSACTION, HOW MANY CREDITS THIS TERM?**

\_\_\_\_\_

**E** I hereby authorize a charge to be made to my credit card:

COLLEGE CARD   
  VISA   
  MASTERCARD   
  AMERICAN EXPRESS

ACCOUNT NUMBER: \_\_\_\_\_   
 AMOUNT: \_\_\_\_\_   
 EXP. DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REFUND POLICY	CHARGES	DETAIL CODE	AMOUNT
STUDENTS HAVE THREE WORKING DAYS FROM THE DATE OF SIGNING AN ENROLLMENT CONTRACT OR FINANCIAL AGREEMENT WITH THE UNIVERSITY TO CANCEL THE CONTRACT AND RECEIVE A FULL REFUND OF ANY TUITION AND REGISTRATION FEES PAID. FURTHER, A STUDENT SHALL RECEIVE A FULL REFUND OF TUITION AND REGISTRATION FEES PAID BY THE STUDENT PRIOR TO THE COMMENCEMENT OF INSTRUCTION IF THE STUDENT SUBMITS A WRITTEN REQUEST TO THE INSTITUTION WITHIN THREE WORKING DAYS OF THE PAYMENT. REFUND SCHEDULES FOR TUITION AND FEES AFTER THE COMMENCEMENT OF INSTRUCTION MAY BE FOUND IN THE APPROPRIATE CENTER OR PROGRAM CATALOG.	TUITION		
	REGISTRATION		
	LATE REGISTRATION	2007	
	SERVICE CHARGE	2130	
	APPLICATION		
	STUDENT ACTIVITY		
	STUDENT SERVICE		
	PRIOR BALANCE DUE		
	TOTAL		

PAYMENTS	DETAIL CODE	AMOUNT
STAFF WAIVER		
PRIOR CREDIT BAL.		
CASH ONLY		
MONEY ORDER, CHECK		
CREDIT CARD		
OTHER		
TOTAL		

**G REFUND INFORMATION**

ASSESSMENT \$ \_\_\_\_\_

NO FINANCIAL ASSESSMENT \_\_\_\_\_

REVERSE \_\_\_\_\_ %

OF \$ \_\_\_\_\_ \$ \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NO FINANCIAL ADJUSTMENT    REFUND    CREDIT ACCOUNT

**H FOR UNIVERSITY USE ONLY**

**COHORT CODE**

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TUITION ASSESSMENT \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION ENTERED \_\_\_\_\_ DATE \_\_\_\_\_

ACCOUNTS RECEIVABLE \_\_\_\_\_ DATE \_\_\_\_\_