

# CUSTOMIZED INDEPENDENT STUDY REGISTRATION FORM

Send this Registration Form, and Tuition Payment by US Mail to:  
The Heritage Institute  
PO Box 1273  
Freeland, WA 98249

**Please print clearly.**  
**Send a SEPARATE Registration Form for each CIS course.**

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Social Security Number

\_\_\_\_\_  
Home Mailing Address                                      City                                      State                                      Zip

(\_\_\_\_\_) \_\_\_\_\_                                      (\_\_\_\_\_) \_\_\_\_\_                                      \_\_\_\_\_  
Home Telephone                                      Daytime Telephone                                      E-mail Address

\_\_\_\_\_  
School District Name                                      Grade: K-3                                      4-5                                      6-8                                      9-12                                      Coll                                      Admin                                      Specialty

No. of Credits Check One	Credit Level or Hours Check One	Tuition	CIS Course Disciplines Available Choose One
__ 2 Quarter Credits [semester equiv = 1.33 cr]	__ 400 __ 500	\$175	BU = Business
	__ Clk Hrs __ PDU __ CEU	\$130	CM = Computer Technology
__ 3 Quarter Credits [semester equiv = 2.00 cr]	__ 400 __ 500	\$265	ED = Education
	__ Clk Hrs __ PDU __ CEU	\$180	HE = Health
__ 4 Quarter Credits [semester equiv = 2.66 cr]	__ 400 __ 500	\$335	HI = History
	__ Clk Hrs __ PDU __ CEU	\$250	HU = Humanities
__ 5 Quarter Credits [semester equiv = 3.33 cr]	__ 400 __ 500	\$395	MA = Math
	__ Clk Hrs __ PDU __ CEU	\$300	MU = Music
__ 6 Quarter Credits [semester equiv = 4.00 cr]	__ 400 __ 500	\$475	SC = Science
	__ Clk Hrs __ PDU __ CEU	\$360	SP = Special Ed, Spanish
			SS = Social Studies, Social Science
			* Don't see what you need?
			Check with the THI Registrar.

\_\_\_\_\_  
Course Name                                      Discipline (choose 1 from above)

*Payment is due in full by check, money order, MasterCard or VISA, or District PO. Check one:*

Check or M.O.# \_\_\_\_\_ Amount \$ \_\_\_\_\_                                      PO # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card Acct # \_\_\_\_\_ Exp \_\_\_\_\_ CVC \_\_\_\_\_ Amount \$ \_\_\_\_\_

For what purpose will you use your continuing education credits?  
 Recertification     Salary Advancement     Professional Development    Renewal Month/Year \_\_\_\_/\_\_\_\_

**AGREEMENT:** I request registration in the course indicated. I have read and agree to THI's policies & guidelines.

Signature: \_\_\_\_\_                                      Date: \_\_\_\_\_

**Send this Registration Form & Tuition payment by U.S. Mail to THI at the address above.**