



1080 South University Box 163
Ann Arbor, MI 48109-1106
734-763-3395

Name: _____

Mailing Address: _____

MSW License Number: _____ Day Time Phone: _____

Email Address: _____ Job Title: _____

MSW Granting Institution: _____ Graduation Year: _____

Indicate below the course(s) in which you would like to enroll (Remember each class is \$400.00):

Social Work in Educational Settings

March 20-21 & 27-28, 2010

Psychological Testing

Spring/Summer Term: June 24-27, 2010

Mental Health/Disabilities of Children

Spring/Summer Term: August 19-22, 2010

School Social Work Refresher

Fall/Winter Term: November 7-8 & 14-15, 2009
 Spring/Summer Term: May 22-23 & June 5-6, 2010

Method of Payment: _____ Temporary approval expiration date
(Please send in copy of temporary approval form)

Check Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

Signature: _____

Mail registration form, accompanied by payment to:
(You may fax the completed form with credit card information to 734-763-3372) Make check out to University of Michigan

UM School of Social Work
Continuing Education Program
1080 South University
Ann Arbor, MI 48109-1106
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