Center for Mathematics and Science Education
School of Education
University of North Carolina at Chapel Hill

REGISTRATION FOR RENEWAL CREDIT ACTIVITY

Date: _____ **Date received** (office use only)_____

Course: 5-12 GLOBE Workshop • October 10, 2009 • CCEE Chapel Hill

Fee: $50 ☐ is enclosed ☐ will be paid by (school or system) _____

Name (please print):_____, _____
Last first middle suffix (Jr., Sr. etc.)

Address (please notify us of any changes):

_____ _____ _____ _____
Street address or P.O. box city state zip code

Email address:_____ **Phone**:_____-_____-_____
area

Gender: ☐ Male ☐ Female

Ethnicity (optional; will be used only for statistical purposes):
☐ White ☐ Black ☐ Asian ☐ Hispanic
☐ Native American _____ ☐ Other _____
tribal affiliation explain

N. C. Teaching License: ☐ Yes, level and area:_____

☐ No, current licensing status:_____

Current Teaching Assignment (check here if you have none: ☐):

Grade(s)_____ in _____
Subject area(s)

School: _____

School system: _____

Mail completed application to: Center for Mathematics and Science Education
CB#3500, UNC Chapel Hill
Chapel Hill, NC 27599-3500