



GRADUATE EDUCATION CREDIT FORM

CREDIT FOR LETRS

STUDY AND APPLICATION: February 1, 2021 to January 31, 2023

Office of the Registrar • 2020 EAST MAPLE ST., NORTH CANTON, OHIO 44720-3336 PHONE: 330-490-7222 • FAX: 330-490-7372

Date Received _____ Fee Paid _____ Receipt Mailed _____ Transcript Mailed _____
(OFFICE USE ONLY)

NOTE:

- 1- This form must indicate which course you are seeking credit for, appropriate signatures, and payment enclosed in order to be processed.
- 2- Your transcript will be available 14 days after your application and payment are processed. You will be notified by email that your transcripts are ready to be requested.

SOCIAL SECURITY NUMBER IS REQUIRED — —

FIRST: _____ MIDDLE: _____ LAST: _____

Previous name(s) if applicable: _____

HOME ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ DATE OF BIRTH: _____

IF FAXING PLEASE INCLUDE CREDIT CARD NUMBER (2.75% processing fee for credit cards, American Express is not accepted):

_____ EXP. DATE _____

MAKE CHECKS PAYABLE TO WALSH UNIVERSITY

COURSE CREDIT AND PAYMENT

I AM SEEKING CREDIT FOR: (3 Graduate Credits at \$350 per credit hour, \$1050 per course)

- EDT 650 Dev Language/Literacy for completion of LETRS Training Units 1 & 2 (3 Graduate Credits, \$1050)
- EDT 652 Prin/Pract of Teaching Phonics for completion of LETRS Training Units 3 & 4 (3 Graduate Credits, \$1050)
- EDT 654 Reading in Content Area for completion of LETRS Training Units 5, 6, & 7 (3 Graduate Credits, \$1050)
- EDT 655 Literacy & Writing Connections for completion of LETRS Training Unit 8 & 4-weeks of The Writing Revolution (3 Graduate Credits, \$1050)

PRINCIPAL'S/SUPERVISOR'S SIGNATURE VERIFYING COMPLETION _____ DATE _____
By means of my signature, I confirm that this participant has completed each portion of the specified LETRS Units and Bridge to Practice Activities

INSTRUCTOR'S SIGNATURE VERIFYING COMPLETION _____ DATE _____

PLEASE SIGN HERE:

STUDENT'S SIGNATURE _____ DATE _____