Teacher Education University
Office of the Registrar
1079 W. Morse Blvd., Suite B
Winter Park, FL 32789
1-800-523-1578
Fax: 1-800-370-2600
www.teu.edu

Teacher Education University
Registration Form

Name: _____
Last First Middle

Student ID Number: _____

Billing Address: _____
Street Apt. #

_____
City State Zip

Home Phone #: _____ Work or Cell Phone #: _____

Email Address: _____

Program of Study (Circle One):

Instructional Studies Educational Leadership Educational Technology Elementary Education

Registration Semester (Check One): **Registration Year:** _____

_____Fall (September) _____Winter (January) _____Summer (May)

Course Number	Course Title	Course Cost	Credit Hours

Total Cost*: _____

Payment Type (if sending check or money order, please indicate the date it was sent):

Please Check One:

_____Check, date sent: _____. _____Money Order, date sent: _____.

Credit Card (Circle One): VISA MasterCard Discover American Express

Name on the Card: _____. Amount to Charge: $_____.

Card Number: _____ Card Expiration Date: ____/____.

CV# (last 3 digits on signature line on the back of the card): _____.

Student Signature_____ Date _____.

**Course tuition does not include cost for books or other course materials.*

Submit completed form to the Office of the Registrar
via Fax: 407.621.2592
or email to registrar@teachereducationuniversity.com