

+Educational Level:

- Bachelor Master's and/or Doctorate

+Do you hold a Professional Teacher

Certificate: Yes No

If no, please indicate your job position:

- Administrator
 School Psychologist
 Other (please list) _____

+Enrollment Status:

- New Student Returning Student

***Ethnic/Racial Group:**

- White, Non-Hispanic Hispanic
 Black, Non-Hispanic American Indian
 Asian or Pacific Islander

+Citizenship

- United States Resident Alien
 Non-Immigrant Alien – specify country _____

+Date of Birth: ____/____/____

+Place of Birth (state/country): _____

***Sex:** Male Female

***Religion (specify):** _____

***Marital Status:** Married Single



Professional Development Program

Permit to Register Form

Instructions:

Registration must be submitted no later than 2 weeks after completing the KDS training.

Send all correspondence to:

**Madonna University
The Graduate School
36600 Schoolcraft Road
Livonia, Michigan 48150**

Phone: 734-432-5697

Email: PDP@madonna.edu

www.madonna.edu/pages/pdpkds.cfm

