

PROFESSIONAL DEVELOPMENT & WORKSHOP REGISTRATION

FALL SPRING SUMMER YEAR: 2019

Office of the Registrar
 875 Perimeter Dr MS 4260
 Moscow, ID 83844-4260
 Ph (208) 885-6731
 Fax (208) 885-9061

Full Legal Name: _____
Other Names records may be found under: _____
Address: _____
 (City) _____ (State) _____ (Zip) _____ Telephone: (____) _____
email: _____

All information is **REQUIRED** unless noted as optional to complete your registration

Registered with UI before? No Yes If Yes, when were you last registered: _____ Student ID Number: _____

If registered in **last two years**, what is your enrollment status: Non-Degree Graduate Undergraduate
 Current students will retain enrollment status; new or returning students will be admitted as non-degree seeking

Birth Date: _____ **Social Security Number:** _____
required by IRS law for 1098T tax reporting of education expenses

Are you a **US Citizen?** Yes No If No, are you a Permanent Resident? Yes No Residency Card #: A- _____

If non-citizen: Country of Birth: _____ Country of Citizenship: _____ Visa Type: F1 J1 Other: _____

State of Residence: _____ If **IDAHO**, how long? Years _____ Months _____

High School Graduate?

Yes Name of High School: _____ Year: _____

High School City & State: _____

No If No, have you completed the GED? Yes Date: _____ No

Optional Information

Gender: Male Female

Ethnicity: Are you Hispanic/Latino/Latina or of Spanish origin? Yes No

Race: American Indian/Alaska Native Black/African American
 Native Hawaiian/Other Pacific Islander Asian White

REGISTRATION:

Moscow Boise Coeur d'Alene Idaho Falls

CRN	Subject	Course		Credits	Course Title
		Number	Section		
73982	EDCI	505	188	1	PD:NCCE 19

FEES: Course Fees: \$ 60.00 Check Visa MasterCard Discover

NOTE: Credit card payments will be charged a 2.5% service fee (except inservice courses)

Card #: _____

Exp. Date _____ Verification Code (3 -4 digits on back) _____

Agreement: By my signature below, I certify that the statements in this application are to the best of my knowledge true and complete. I agree to follow the policies and procedures of the University and to notify the Registrar promptly in writing if I withdraw from the semester or drop from any classes or if any other action occurs that may affect the status of my enrollment. I accept responsibility for charges of the entire term regardless of attendance in class. I have read and understand the policies regarding fees and academic regulations as published in the applicable *Catalog* and Class Schedule (along with dates). I certify that all information on this form is accurate. By signing this application, I certify that I am in compliance with the Federal Military Selective Service Act, 50 U.S.C. § 453, or that I am exempt from the same.

Student's Signature _____ **Date** _____

**UNIVERSITY OF IDAHO
COLLEGE OF EDUCATION
Spring 2019**

COURSE TITLE: NCCE19
COURSE NUMBER: EDCI 505
CREDITS 1
DATE: February 26, 2019 - March 31, 2019
FACULTY: Wanda Quinn
OFFICE/PHONEMAIL/WEBSITE: (208) 664-0111
nccepl@ncce.org

COURSE RATIONALE:

NCCE19 is the largest ed-tech event in the Northwest, influencing educators looking to harness the power of technology to advance learning and teaching.

COURSE DESCRIPTION:

This conference enables educators to collaborate with leaders from all skill sets to advance teaching and professional learning. This conference will also allow teachers and administrators to research and test new products showcased by leading vendors and consult with peers and experts sharing their ideas for a technology implement classroom.

Teachers attend sessions and workshops based on their and their district's educational needs Workshops and sessions are based on relevance to current issues, and teachers will be able to gain, share, and implement the knowledge gained to execute the projects to the best of their ability.

COURSE OBJECTIVE:

- Learn to leverage technology effectively in the classroom
- Take advantage of hands-on learning experiences and solutions from hundreds of organizations in the NCCE exhibit hall with the latest in educational technology
- Use this conference as a gateway to year-round professional learning opportunities.

COURSE REQUIREMENTS/ ASSIGNMENTS:

Attendance (100%): Students are required to complete a minimum 15 hours of session or workshop attendance. Please send the list of sessions or workshops attended to nccepl@ncce.org before March 31.

GRADING CRITERIA

This course is graded on a Pass/Fail basis. 70% or above will constitute a passing grade.

SCHEDULE

The conference will be held Tuesday, February 26 – Thursday, February 28, 2019. For a complete list of sessions and workshop available at NCCE19, check out the [fully searchable online program](#).