

CMSI Program Registration Form

Please return this completed form no later than three weeks before the beginning of the program selected to the CPS Office of Mathematics and Science, Medill Technical and Professional Development Center, 1326 West 14th Place, Chicago, IL 60608, or Mail Run #80. Teachers will be accepted on a first-come, first-served basis, so interested teachers should submit the registration form as soon as possible.

LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	SOCIAL SECURITY NUMBER	
GRADE AND SUBJECT TAUGHT		
SCHOOL	SCHOOL PHONE	SCHOOL FAX
SCHOOL ADDRESS		
MAIL RUN NUMBER		
CERTIFICATION		

Your current principal must complete the following section:

To whom it may concern:

_____ is a state-certified teacher assigned by CPS to
TEACHER'S NAME

teach at _____
SCHOOL'S NAME

PRINCIPAL'S SIGNATURE: _____ DATE: _____

After reviewing the following university program descriptions, select the program title and university for which you wish to register.

- | | |
|---|---|
| <input type="checkbox"/> K-5 Mathematics | <input type="checkbox"/> DePaul University |
| <input type="checkbox"/> K-5 Science | <input type="checkbox"/> Loyola University |
| <input type="checkbox"/> Middle Grade Mathematics | <input type="checkbox"/> National-Louis University |
| <input type="checkbox"/> Middle Grade Science | <input type="checkbox"/> St. Xavier University |
| <input type="checkbox"/> High School Mathematics | <input type="checkbox"/> University of Chicago, Polk Brothers |
| <input type="checkbox"/> (Other) _____ | <input type="checkbox"/> University of Chicago, SESAME |
| | <input type="checkbox"/> University of Illinois at Chicago |

SIGNATURE OF PARTICIPANT _____ DATE _____