

Professional Development Credit for Teachers through Loyola Marymount University

CREDITS: 1, 2 or 3 SEMESTER CREDITS*
TUITION: \$95 PER CREDIT
COURSE NAME: FIELD PALEONTOLOGY
COURSE NUMBER: SCIX 912

LMU | LA
Extension

CREDIT: Semester hours of post-baccalaureate professional development credits will be awarded upon successful completion of course requirements. Designed to meet the needs of educators and administrators for professional upgrading and salary advancement, the credit is not applicable toward a degree at Loyola Marymount University. Prior district approval is recommended. **Grading is done on a credit (CR) or no credit (NC) basis.** An official transcript will be issued upon request.

HOW TO RECEIVE CREDIT:

ON THE LAST DAY OF CLASS, COMPLETE THE FORM BELOW -- THE INSTRUCTOR MUST VERIFY YOUR PARTICIPATION AND GRADE -- THEN, RETURN IT WITH YOUR TUITION PAYMENT AND FIELD CAMP ASSIGNMENT TO INSTRUCTOR, DAVID TREXLER. HE WILL FORWARD IT TO LOYOLA MARYMOUNT UNIVERSITY FOR PROCESSING, OR YOU MAY MAIL EVERYTHING DIRECTLY TO THE ADDRESS BELOW.

Within one week from the University's receipt of your Registration and Completion Verification, you will receive acknowledgment of your enrollment and credit. An official transcript is issued upon request. Call 1-800-762-0121 for transcript procurement instructions.

LOYOLA MARYMOUNT UNIVERSITY is accredited by
the Western Association of Schools and Colleges.
Its campus is located in Los Angeles, California

*If you have any questions, please call 1-800-762-0121
Enhancement Courses® Office
3151 Airway Avenue #B -2, Costa Mesa, CA 92626*



**FIELD PALEONTOLOGY - SCIX 912
REGISTRATION AND
COMPLETION VERIFICATION**

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Enrollment date: _____ (first day of class)

I wish to receive _____ semester credits for my attendance at the *FIELD PALEONTOLOGY, Course #SCIX 912 (\$95 per credit)*
1, 2 or 3

Attached is my assignment and my check for \$ _____ payable to **LOYOLA MARYMOUNT UNIVERSITY**, or

Please charge my VISA MasterCard Number _____

Expiration Date _____ Signature _____

Name _____ SS# _____ Date of Birth: _____

Street Address _____ Phone (____) _____

City _____ State _____ Zip _____

Name of School District in which you teach: _____

TO BE COMPLETED BY INSTRUCTOR ONLY:

COURSE GRADE: _____ DATE: _____

SIGNATURE: Instructor David Trexler

DT