John Carroll University
College of Arts and Sciences
Office of Graduate Studies
Cleveland Clinic's eXpressions^{TM} *Program*

For Teachers who wish to receive graduate credit for their participation in the ***Cleveland Clinic's eXpressions***^{TM} ***Program***

Registration Process

1. Complete all parts of the registration form which is attached to this information sheet;
2. Official transcripts for your highest degree obtained need to be sent to Dr. Mark Storz at the address noted below;
3. **Return the registration form with payment (check made payable to John Carroll University) to Dr. Mark Storz, College of Arts and Sciences, Office of Graduate Studies, 1 John Carroll Blvd., University Heights, OH 44118 by registration deadline – see registration form.**

Registration Options

Teachers may register for one of the following:

1. ED 484 – Special Topics: Cleveland Clinic Expressions - this course earns graduate workshop credit that is applicable for certificate/license renewal but will not typically be accepted to meet graduate degree requirements.

   Requirements:
   - Attend a two-hour introductory workshop
   - Over the ten week period, maintain and submit a log of hours completed (15 hours required for 1 credit hour; 30 hours required for 2 credit hours) and activities engaged with students
   - Submit a 2-3 page reflection paper on the experience

   Cost
   - $160 for one credit hour
   - $320 for two credit hours

2. ED 584– Special Topics: Cleveland Clinic Expressions - this course earns graduate credit that is applicable for certificate/license renewal and could be accepted to meet graduate degree requirements at JCU (check with advisors at other institutions regarding transferability)

   Requirements:
   - Attend a two-hour introductory workshop
   - Over the ten week period, maintain and submit a log of hours completed (15 hours required for 1 credit hour; 30 hours required for 2 credit hours) and activities engaged with students
   - Meet with a JCU faculty advisor to develop and complete an independent study project related to the experience.
   Cost
   - $ 465.65 for one credit hour
   - $ 913.30 for two credit hours

General Information

1. Once application materials are received, teachers will receive a username and password that will give access to the Campus Network and our student record system (Banner).
2. Once registered, teachers will receive a syllabus for the course which will outline the specific requirements for the course as noted above. Students seeking graduate credit to meet degree requirements will schedule a meeting with a faculty advisor to develop an independent study project.
4. Upon completion of the course, assignments will be submitted to Dr. Mark Storz, College of Arts and Sciences, Office of Graduate Studies, 1 John Carroll Blvd., University Heights, OH 44118 by the date specified.
5. Letter grades will be submitted at the end of the semester (12/23/2013 for Fall 2013 and 05/12/2014 for Spring 2014) and will be available to students through the University's Banner System.
6. Transcripts may be obtained by completing a *Transcript Request Form* in person in the Student Service Center (room 037 on the lower level of the Administration Building) or by printing out a form from JCU's website (http://www.jcu.edu/registrar/transcripts.htm). Upon completion, *fax or mail the request to the Office of the Registrar.* John Carroll University, Registrar's Office, 1 John Carroll Blvd., University Heights, OH 44118 Fax: 216-397-3049.

For more information please contact Dr. Mark Storz at mstorz@jcu.edu or 216-397-4284.

John Carroll
U N I V E R S I T Y

GRADUATE STUDIES
COLLEGE OF ARTS & SCIENCES
CLEVELAND CLINIC EXPRESSIONS™ ART AND LANGUAGE PROGRAM
(FALL 2013)
REGISTRATION FORM
REGISTRATION DEADLINE: 9.28.2013
REFLECTION PAPER DUE: 12.14.2013

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Name: _____ ❑ Male ❑ Female

Former Name: _____

Social Security Number: _____ Date of Birth: _____ Citizenship ❑ U.S. ❑ Other

Address: _____
       Street   City   State   Zip Code

Home phone: (_____) _____ Email Address: _____

Place of Employment: _____ Business Phone _____

Business Address: _____
       Street   City   State   Zip Code

ADMISSIONS INFORMATION

Have you previously attended JCU? [ ]Yes [ ]No If yes, when did you last attend? Term_____Year_____

List in chronological order ALL colleges and universities attended, including John Carroll University and professional schools.

Name and Location of Institution	Month and Year of Attendance	Major	Degree Received or Expected and Date

REGISTRATION INFORMATION

Please check the term, the program(s), course and number of credit hours for which you are registering:
Term: Fall [ ]   Spring [ ]   Year _____

eXpressions™ Program: [ ] Art-Fall   [ ] Language - Fall

Course: ED 484 [ ]   ED 584 [ ] (see JCU Information Sheet to description and requirements of the two courses)

Credits: 1 credit [ ]   2 credits[ ] (see JCU Information Sheet for number of contact hours required)

PAYMENT INFORMATION

Payment is due at the time of registration. Please check the JCU Information Sheet for tuition amounts for the course for which you are registering. Make checks payable to John Carroll University. Mail Registration form and payment by 9/28/2013 to: Dr. Mark Storz at the address below.
Tuition Amount: ED 484 - $160 for one credit; $320 for two credits; ED 584 - $465.65 for one credit; $913.30 for two credits

The information I have supplied is, to the best of my knowledge, complete and correct. By signing below I certify that I am currently licensed to teach, have been licensed to teach, or am teaching in a school that does not require state licensure. I understand that I am not eligible for financial aid as a transient student and that enrollment as a transient student does not imply or guarantee admission to a JCU graduate program. I understand that inaccurate information may affect the status of my application.

Signature: _____ Date: _____

GRADUATE STUDIES
COLLEGE OF ARTS & SCIENCES
CLEVELAND CLINIC EXPRESSIONS[TM] **MATH PROGRAM AND EXPLORERS**
PROGRAM (formerly Health eXpressions[TM)] **(SPRING 2014)**
REGISTRATION FORM
REGISTRATION DEADLINE: 03.1.2014
REFLECTION PAPER DUE: 05.6.2014

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Name: _____ ❑ Male ❑ Female

Former Name: _____

Social Security Number: _____ Date of Birth: _____ Citizenship ❑ U.S. ❑ Other

Address: _____
Street   City   State   Zip Code

Home phone: (_____) _____ Email Address: _____

Place of Employment: _____ Business Phone _____

Business Address: _____
Street   City   State   Zip Code

ADMISSIONS INFORMATION

Have you previously attended JCU? [ ] Yes [ ] No If yes, when did you last attend? Term _____ Year _____

List in chronological order ALL colleges and universities attended, including John Carroll University and professional schools.

Name and Location of Institution	Month and Year of Attendance	Major	Degree Received or Expected and Date

REGISTRATION INFORMATION

Please check the term, the program(s), course and number of credit hours for which you are registering:
Term: Fall [ ]   Spring [ ]   Year _____

eXpressions[TM] Program: [ ] Explorers – Spring   [ ] Math - Spring

Course: ED 484 [ ]   ED 584 [ ] (see JCU Information Sheet to description and requirements of the two courses)

Credits: 1 credit [ ]   2 credits [ ] (see JCU Information Sheet for number of contact hours required)

PAYMENT INFORMATION

Payment is due at the time of registration. Please check the JCU Information Sheet for tuition amounts for the course for which you are registering. Make checks payable to John Carroll University. Mail Registration form and payment by 03/01/2014 to: Dr. Mark Storz at the address below.
Tuition Amount: ED 484 - $160 for one credit; $320 for two credits; ED 584 - $465.65 for one credit; $913.30 for two credits

The information I have supplied is, to the best of my knowledge, complete and correct. By signing below I certify that I am currently licensed to teach, have been licensed to teach, or am teaching in a school that does not require state licensure. I understand that I am not eligible for financial aid as a transient student and that enrollment as a transient student does not imply or guarantee admission to a JCU graduate program. I understand that inaccurate information may affect the status of my application.

Signature: _____ Date: _____