

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

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

Registration Process

1. Complete all parts of the registration form which is attached to this information sheet;
2. 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, 20700 North Park Blvd., University Heights, OH 44118 by 02/27/09 **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

- \$150 for one credit hour
- \$300 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

- \$440.86 for one credit hour
- \$881.72 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.
3. Upon completion of the course, assignments will be submitted to Dr. Mark Storz, College of Arts and Sciences, Office of Graduate Studies, 20700 North Park Blvd., University Heights, OH 44118 by 06/01/09.
4. Letter grades will be submitted at the end of the semester and will be available to students through the University's Banner System.
5. 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, 20700 North Park 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.



**GRADUATE STUDIES
COLLEGE OF ARTS & SCIENCES
CLEVELAND CLINIC EXPRESSIONS™ PROGRAM
REGISTRATION FORM**

**REGISTRATION DEADLINE: 10-1-2014
REFLECTION PAPER DUE: 12-15-2014**

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™ Program: Math Arts and Language

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 02/27/2009 to: Dr. Mark Storz at the address below.
 Tuition Amount: ED 484 - \$150 for one credit; \$300 for two credits; ED 584 - \$440.86 for one credit; \$881.71 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: _____