

John Carroll University
College of Arts and Sciences
Department of Education and School Psychology
Cleveland Clinic's eExpressions® Program

For Teachers who wish to receive graduate credit for their participation in the ***Cleveland Clinic's eExpressions® 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, Department of Education and School Psychology, 20700 John Carroll Blvd., University Heights, OH 44118 **by registration deadline – see registration form.**

Registration Options

Teachers may register for the following course for either one or two credits.

ED 480 – 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 with sufficient detail to meet requirements for graduate credit
- Submit a 3-4 page reflection paper on the experience

Cost

- \$160 for one credit hour
- \$320 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).
3. Once registered, teachers will receive a syllabus for the course which will outline the specific requirements for the course as noted above.
4. Upon completion of the course, assignments will be submitted to Dr. Mark Storz, Department of Education and School Psychology, 20700 John Carroll Blvd., University Heights, OH 44118.
5. Letter grades will be submitted at the end of the semester 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, 20700 John Carroll Blvd., University Heights, OH 44118 Fax: 216-397-3049.

For more information please contact Dr. Mark Storz at mstorz@jcu.edu or 216-397-3070.



**Department of Education and School Psychology
 COLLEGE OF ARTS & SCIENCES
 CLEVELAND CLINIC EXPRESSIONS®
 REGISTRATION FORM – FALL 2018
 REGISTRATION DEADLINE: 9.7.18
 REFLECTION PAPER DUE: 12.10.18**

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 [] Language [] Math

Course: ED 480 [] (see JCU Information Sheet to description and requirements of the course)

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 10/02/2017 to: Dr. Mark Storz at the address below. Tuition Amount: ED 484 - \$160 for one credit; \$320 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: _____
 Department of Education and School Psychology ♦ John Carroll University ♦ 20700 John Carroll Blvd. ♦ University Hts., OH 44118 ♦ (216) 397-3070