



**DEAFNESS SPECIALTY COURSE SEQUENCE APPROVAL FORM**  
 Program Director approval required; approved forms will be processed by Registrar's Office, Smyth Hall 1  
 Phone: (585) 389-2819 Fax: (585) 389-2612 Email: registrar@naz.edu

Three courses focusing on Deafness are available to community professionals seeking to increase their knowledge base.

**Non-credit:** 0 credit pass/fail option is available for 1/2 the tuition rate. Visit Students Accounts for tuition rates:  
<https://www2.naz.edu/student-accounts/>

**Credit bearing:** Students can earn 3 credits and receive a grade. Visit Students Accounts for tuition rates:  
<https://www2.naz.edu/student-accounts/>

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Education Information**

College/University \_\_\_\_\_ Undergraduate Degree/Major \_\_\_\_\_ Date Degree Earned \_\_\_\_\_ GPA \_\_\_\_\_

Do you hold licensure or teacher certification?  Yes  No If yes, list license or certification area/s:

**For Federal Reporting Purposes**

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

- What is your ethnicity?  Not Hispanic or Latino  Hispanic or Latino
- What is your race? Mark one or more races to indicate what you consider yourself to be.  
 White  Black or African American  Asian  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

**Confirmation of Student Understanding**

By signing below, I confirm my understanding that continuation in subsequent courses is dependent on program director approval and satisfactory academic performance. I also confirm my understanding that I am responsible for tuition costs associated with the course(s) and agree to pay tuition by tuition due date. I understand that if a college debt must be referred to outside sources for collection, that I will be responsible for paying additional collection costs including but not limited to, reasonable attorney fees and disbursements.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**Requirements for non-matriculation approval** (to be completed by approved college designee for program of interest):

<i>Provision</i>	<i>Met</i>
➤ Completion of undergraduate degree	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Background commensurate with course material	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Approval Granted by Program Director**  Yes  No (Note – if approval has been granted, please select one course below for registration)

**0 Credit Version (Pass/Fail)**

**3 Credit Version (Graded)**

Fall (list year) _____	<input type="checkbox"/> DSP 596*CE	<input type="checkbox"/> DSP 596*30
Spring (list year) _____	<input type="checkbox"/> CSD 597*CE	<input type="checkbox"/> CSD 597*30
Summer A (list year) _____	<input type="checkbox"/> DSP 595*CE	<input type="checkbox"/> DSP 595*40

Note – A new approval form will be required for each semester of enrollment.

**Approval by Program Director:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To obtain approval, send form to the program director:**  
 Dr. Carly Maldonado Alicea  
 585-389-2777  
 cmaldon0@naz.edu