

COURSE REGISTRATION & AUTHORIZED TEACHER APPROVAL

AS A TEACHER, MY SIGNATURE INDICATES THAT...

- *The above-named student is a member of my class, and is someone who meets the entrance requirements for the Saint Mary's University of Minnesota PACC program, as spelled out in the agreement between Saint Mary's and my school. All registration forms I collect will be turned over to my school administrator for final approval and signature.*

Note: Use only one form to register for all classes – (one form per student)

SMU Course #	SMU Title Name	Credits	Term* (S1, S2, YR)	Teachers Legal Name (Please Print)	Signature (Initial)

Authorized Teachers...

* = In the “Term” box, please indicate whether the student is taking your class for PACC credit during semester I (S1), semester II (S2), or for the full year (YR).

AUTHORIZED ADMINISTRATOR APPROVAL

AS THE PRIMARY ADMINISTRATOR, MY SIGNATURE INDICATED THAT...

- *The above-named student is a student at my school, and is someone who meets the entrance requirements for the Saint Mary's University of Minnesota PACC program, as spelled out in the agreement between Saint Mary's and my school.*

Administrator Signature - _____

Date - _____