



**Chapman University College Continuing Education
Graduate Elective Credit Verification Form**

COURSE NAME Classroom Assessment for Student Learning

COURSE NUMBER EDUC9372D

District _____

Administrator of Record _____

Position Degree _____ College/Univ. _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone # _____ Email _____

Class Start Date _____ Meeting Time _____

Number of class attendees _____ Grade level(s) taught by attendees _____

The following district representative acknowledges permission and support for

as the Administrator of Record for the course *Classroom Assessment for Student Learning* (course EDUC9372D).

District Representative _____

Title _____ Date _____

Learning Team Facilitator Handbook and DVD by Jan Chappuis is a required resource for facilitators in this course. It may be purchased at www.ets.org/ati or by faxing a P.O. to 503-228-3014.

Fill this form out online and click PRINT to save a copy for your records. Then fax a copy to ATI at 503-228-3014. Upon approval, we will email you a link with the remaining application forms including the Chapman Registration form, Class Roster and further instructions on how to apply for your college credit.