



**Center for Mathematics and Science Education**  
**School of Education**  
**University of North Carolina at Chapel Hill**

**REGISTRATION FOR RENEWAL CREDIT ACTIVITY**

**Date:** \_\_\_\_\_ **Date received** (office use only) \_\_\_\_\_

**Course: SITE 9-12 Biology • August 4-8, 2008, at Carolina Center for Educational Excellence**

**Fee: \$375**  is enclosed  will be paid by (school or system) \_\_\_\_\_

**Name** (please print): \_\_\_\_\_, \_\_\_\_\_  
Last first middle suffix (Jr., Sr. etc.)

**Address** (please notify us of any changes):

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code  
Street address or P.O. box

**Email address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
area

**Gender:**  Male  Female

**Ethnicity** (optional; will be used only for statistical purposes):

White  Black  Asian  Hispanic  
 Native American \_\_\_\_\_  Other \_\_\_\_\_  
tribal affiliation explain

**N. C. Teaching License:**  Yes, level and area: \_\_\_\_\_

No, current licensing status: \_\_\_\_\_

**Current Teaching Assignment** (check here if you have none: ):

Grade(s) \_\_\_\_\_ in \_\_\_\_\_  
Subject area(s)

School: \_\_\_\_\_

School system: \_\_\_\_\_

**Mail completed application to:** Center for Mathematics and Science Education  
 CB#3500, UNC Chapel Hill  
 Chapel Hill, NC 27599-3500