

# GRADUATE CREDITS APPLICATION FORM

(PLEASE PRINT)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

<u>Course</u>	<u>Cost</u>	<u>Credits</u>	<u>Additional Class Work</u>
One-Day Seminar	\$80.00	1	8 Hrs
Two-Day Short Course	\$80.00	1	2 Hrs
Three-Day (24-Hour) Short Course	\$160.00	2	9 Hrs
Four-Day (32-Hour) Short Course	\$160.00	2	2 Hrs
Five-Day (40-Hour) Short Course	\$240.00	3	10 Hrs

Seminar Date: \_\_\_\_\_

Seminar Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Payment Method:

\_\_\_ Check # \_\_\_\_\_ Make checks payable to **"The Laboratory Safety Institute"**

\_\_\_ Visa \_\_\_ MC Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_ 3-Digit Security \_\_\_\_\_

Signature \_\_\_\_\_

Return Application Form, Payment, Written Report and Additional Course Work to:

## **The Laboratory Safety Institute**

Attn. Ana Adams  
192 Worcester Road  
Natick, MA 01760

Contact Information:

Ana Adams Phone: 508-647-1900 Fax: 508-647-0062

Email: [Adams@LabSafetyInstitute.org](mailto:Adams@LabSafetyInstitute.org)