

STUDENT REGISTRATION FORM—SOUTH CENTRAL REGION, ACPE

This form shall be completed and sent to the Regional Director at the beginning of each CPE unit. This form is in addition to the required Student Unit Report.

<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> EXTENDED DATES OF UNIT: _____ NAME OF CENTER/CLUSTER/SYSTEM: _____ LOCATION OF UNIT: _____ <input type="checkbox"/> On-site at Center <input type="checkbox"/> Community or Parish-based <input type="checkbox"/> off-site at _____				
Name of Supervisor(s) (including Supervisory Candidate) providing supervision for this unit: _____ _____ _____				
Registered with ACPE as a Student Member: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Student Information	Program Type	Gender	Race	Religious Identity
Name (f-m-l) _____ Address _____ City./State/Zip _____ Phone _____ E-Mail _____	<input type="checkbox"/> CPE <input type="checkbox"/> Supervisory	<input type="checkbox"/> M <input type="checkbox"/> F		
Name (f-m-l) _____ Address _____ City./State/Zip _____ Phone _____ E-Mail _____	<input type="checkbox"/> CPE <input type="checkbox"/> Supervisory	<input type="checkbox"/> M <input type="checkbox"/> F		
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FALL WINTER SPRING SUMMER EXTENDED
 DATES OF UNIT: _____
 NAME OF CENTER/CLUSTER/SYSTEM: _____
 LOCATION OF UNIT: _____
 On-site at Center Community or Parish-based off-site at _____

Name of Supervisor(s) (including Supervisory Candidate) providing supervision for this unit:

Registered with ACPE as a Student Member: Yes No

Student Information	Program Type	Gender	Race	Religious Identity
Name (f-m-l) _____ Address _____ City./State/Zip _____ Phone _____ E-Mail _____	<input type="checkbox"/> CPE <input type="checkbox"/> Supervisory	<input type="checkbox"/> M <input type="checkbox"/> F		
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Name (f-m-l) _____ Address _____ City./State/Zip _____ Phone _____ E-Mail _____	<input type="checkbox"/> CPE <input type="checkbox"/> Supervisory	<input type="checkbox"/> M <input type="checkbox"/> F		