

**PAEC Online Application Form  
ESOL Courses**

**Name of On-line Student:** \_\_\_\_\_

**District:** \_\_\_\_\_ **School:** \_\_\_\_\_

*Please check a course from the following list:*

- ESOL: ESOL for Category III Teachers (*formerly Preliminary 18-Hours*)
- ESOL: Methods of Teaching ESOL (*formerly Enriching Content*)
- ESOL: Applied Linguistics (*formerly Language Learning*)
- ESOL: Cross Cultural Communication and Understanding Online Course
- ESOL: Curriculum & Materials Development Online Course
- ESOL: Testing and Evaluation of ESOL Online Course
- ESOL: ESOL for Administrators
- ESOL: ESOL for Guidance Counselors
- ESOL: ESOL: ERT (Practicum)

**I agree to complete the assignments in the above-named ESOL course.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**The student named above is registering for the identified ESOL course with my full knowledge.**

\_\_\_\_\_  
District ESOL Coordinator or Other Official

\_\_\_\_\_  
Date

Method of Payment:

- Purchase Order # \_\_\_\_\_
- Money Order # \_\_\_\_\_
- Check # \_\_\_\_\_

Note: Please send this completed form, along with payment, to:  
Paula Weeks – 753 West Blvd., Chipley, FL 32428 – Fax: 850-638-6109/6335