COURSE REGISTRATION FORM

Last Name	First Name	Middle Name (optional)	
Social Security Number (optional)	Student No. (optional)	Birth Date		
Phone	Alternate Phone (optional)	Email Address		
Address	City		State	Zip Code
Check if applicable: 🔲 Lam active	e military or a military veteran.] I will seek reimbursement	from the Veterans E	ducation Benefits Office

I accept the terms of the Student Financial Responsibility Agreement - <u>https://www.pce.uw.edu/financial-responsibility-agreement</u>

Signature

Date

Complete for ALL courses			Complete for CREDIT course only				
Reg# or Conf#	Course Title	Course Fee	Department	Course Number	Section	Number of Credits	
		\$					
		\$					
		\$					
		\$					
ALL	NONREFUNDABLE QUARTERLY REGISTRATION FEE: \$55.00	\$ 55.00	ALL credit registrants complete this section				
COURSES	If enrolling in a second course offered during a different quarter, add a second quarterly registration fee	\$	Will you be enrolled as a matriculated				
	Technology fee for credit courses	\$	student?				
CREDIT ONLY	Late fee (nonrefundable)	\$	Will you be enrolled as a graduate student?				
	Status change fee (nonrefundable)	\$				□ No	
	TOTAL (Please include registration fee)	\$					
		1	Have you ev courses at th		for credit	—	

Method of Payment

- Electronic check (ACH). Must be drawn on a U.S. savings or checking account.
- **Credit** or **debit card**. Visa, Mastercard and American Express are accepted. Credit/debit payments include a nonrefundable service fee.
- Bank check or money order. Must be drawn on a U.S. bank in U.S. funds and made payable to the University of Washington.
- **Third-party payment**. Purchase order or letter of authorization to bill must accompany registration form.

Payment Instructions

To pay by **electronic check** or **credit/debit card**, email your completed registration form to <u>c2reg@uw.edu</u>. Once we process the form, you'll be emailed an invoice with a link to a secure payment site. Payment is due at the time of invoice.

To pay by **bank check**, **money order** or **third-party payment**, send your completed registration form and payment to the address below. For third-party payment, you must include a purchase order or letter of authorization to bill.

UW Professional & Continuing Education Registration Services P.O. Box 45010 Seattle, WA 98145-0010

Disability Accommodations

To request disability accommodations, contact the UW Disabilities Services Office at 206-543-6450 or dso@uw.edu.

Are you a high school student?

🗌 Yes 🗌 No

🗌 Yes 🗌 No

Disclosure of Your Information

The University will routinely release student directory information (name, telephone number, major field of study, dates of attendance) unless requested otherwise by the student. To request no release of directory information, call 206-543-2310.



