

COURSE REGISTRATION FORM

If paying with VISA or MasterCard, you may register by phone at 206-897-8939 or 1-800-506-1325 or by faxing this form to 206-685-9359.
If specified in the course description, please attach any necessary permission forms.

Name (Last)	(First)	(M.I.)	Former Name, if applicable
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Social Security Number (required)	<p>Federal law requires the University to obtain your Social Security Number. Tax credits for tuition and fees: Under the Lifetime Learning Credit (LLC), taxpayers may be eligible to claim up to \$2000 of qualified tuition and related expenses as a tax credit. The LLC covers qualified education expenses paid for academic periods during the tax year. While the tax credit excludes expenses covered by scholarships, tax-free grants, or employer education assistance, it does include all qualified out-of-pocket expenses and those paid by loans. For detailed information, please refer to IRS Publication 970, "Tax Benefits for Education."</p>
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Address	Student Number (if known)	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Disability Accommodations

To request disability accommodations contact the UW Disability Services Office at 206-543-6450 (voice), 206-543-6452 (TTY), 206-685-7264 (FAX), or Email dso@u.washington.edu.

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. (See Disclosure of Student Records Information.)

Daytime Phone	Evening Phone	Email Address
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Please check: Yes No I am active military or a military veteran.
 I will seek reimbursement from the GI Benefits Office

Complete for CREDIT course only			
Department	Course Number	Section	Number of Credits

Complete for ALL courses		
Reg# or Conf#	Course Title	Course Fee
		\$
		\$
		\$
		\$
		\$
ALL COURSES	NONREFUNDABLE QUARTERLY REGISTRATION FEE: \$45.00	\$
	If enrolling in a second course offered during a different quarter, add a second quarterly registration fee	\$
CREDIT ONLY	Technology fee for credit courses	\$
	Late fee (nonrefundable)	\$
	Status change fee (nonrefundable)	\$
	TOTAL (Please include registration fee)	\$

ALL credit registrants complete this section

Will you be enrolled as a matriculated student?
 Yes No

Will you be enrolled as a graduate student?
 Yes No

Have you ever enrolled for credit courses at the UW?
 Yes No

If Yes, give UW Student Number

Are you a high school student?
 Yes No

METHOD OF PAYMENT	
<input type="checkbox"/> Check drawn on U.S. bank in U.S. funds, made payable to the University of Washington (Returned checks are subject to a \$25 service fee.) <input type="checkbox"/> Third party payer (within the United States only). Separate document (purchase order or letter of authorization to bill) must accompany registration form.	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Credit Card Number _____ Expiration Date _____
Name as it appears on Card _____	Cardholder Phone _____
Credit Card Billing Address (Street) _____ (City) _____ (State) _____ (ZIP) _____	
Signature _____	

MAILING ADDRESS
Mail form and fees to: UW Professional & Continuing Education Registration Services P.O. Box 45010 Seattle, WA 98145-0010