

# Washington Teacher's Union (WTU) Summer 2010 Courses Professional Development Registration Form

**STEP 1**

Is this a change of Name or Address?  Yes  No

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

Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

@ \_\_\_\_\_  
E-mail Address

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**TUITION AND FEES**

**\$375 per course** –Tuition for 3 credit WTU course

**Non-refundable Fees**

**Drop Fee:** \$50 (drop form must be submitted before the first class)

**Late Registration Fee:** \$50 Registrations with required documentation (see Step #2 below) and payment to Trinity University should be given to Dorothy Egbufor by May 28th to avoid a \$50 late fee. Late registrations with a \$50 late registration fee will be accepted until 6/11/10 on a space available basis.

**STEP 2 Admission Requirement**

Have you received credit from Trinity?  Yes  No\*

\* **If NO**, with this form you must submit a copy of official documentation of an undergraduate degree: a final transcript, Bachelor's diploma, or Teaching License (if degree status is indicated on the Teaching License).

**DEGREE(S) HELD:** Please check those that apply to you:

B.A.     M.A.     M.A.T.     M.Ed.  
 Ed.D.     Ph.D.     J.D.     Other

**STEP 3 Payment Method**

*(must be submitted to register)*

Personal Check\*     Money Order

**\*Make Checks Payable to Trinity University**

Please complete below when paying by Credit Card:

American Express     Discover  
 Master Card     Visa

**Account Number:**

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**3 (or 4) # code on back of card:** \_ \_ \_ \_

**Expiration Date:** \_ \_ / \_ \_

**STEP 4** Please complete the table below:

Course #	Course Title	Dates	Register	→ by 5/28	→ by 6/11
				\$375	\$425
<b>Are you a new student to Trinity? →</b> See Step #2 above for Admission Requirements. <b>Without degree proof, no grade will be released.</b>			<b>Total</b>		

I understand that I am responsible for and agree to pay all charges I incur at Trinity, whether or not my employer initially agreed to pay my tuition. If I withdraw, I must do so in accordance with the policies and procedures for the semester in which I am enrolling. I understand that if my account becomes delinquent, I will be liable for collection of legal costs. My signature below is approval for the release of my report card to my address above.

\_\_\_\_\_  
 Signature Date

<b>STEP 5</b>	<b>Washington Teacher's Union– Office of Professional Development</b>	Telephone: 202-293-8615
<b>Return this form with payment to:</b>	<b>1825 K Street, N.W. Suite 1050 Washington, D.C. 20006</b>	Fax: 202-293-8633