

# Washington Teacher's Union (WTU) Summer 2017 Courses

## Graduate Credit 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 should be given to Dorothy Egbufor by January 9, 2016 to avoid a \$50 late fee.

**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 Washington University**

Please complete below when paying by Credit Card:

American Express  Discover  
 Master Card  Visa

**Account Number:**

\_\_\_\_\_

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

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

| Course #  | Course Title | Dates | Register     | → by 6/3/17  |
|---|--------------|-------|--------------|--------------|
|   |              |       |              | <b>\$375</b> |
|   |              |       | <b>Total</b> |              |
| <b>Are you a new student to Trinity? → See Step #2 above for Admission Requirements. Without degree proof, no grade will be released.</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>Telephone: 202-517-1477</b> |
| <b>Washington Teacher's Union</b>   | <b>Fax: 202-517-0673</b>       |
| <b>Return this form &amp; both payments to: 1239 Pennsylvania Avenue, SE Washington, DC 20003</b> |                                |