Washington Teacher's Union (WTU) Summer 2019 Courses
Graduate Credit Professional Development Registration Form

STEP ❶

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

Registrations with required documentation (see Step #2 below) and payment to Trinity should be returned to the Washington Teachers' Union at 1239 Pennsylvania Ave SE, Washington, DC 20003.

STEP ❷ 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 ❸ 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 ❹ *Please complete the table below*:

Course #	Course Title	Dates	Register ➔ 9/10/2018
			$375
	Are you a new student to Trinity? ➔ See Step #2 above for Admission Requirements. **Without degree proof, no grade will be released.**		**Total**

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**

STEP ❺

Return this form and payment to: Washington Teacher's Union 1239 Pennsylvania Avenue, SE Washington, DC 20003

Telephone: 202-517-1477
Fax: 202-517-0673