

Spring 2012 Registration Form

Register online in Spring 2012 for a \$50 discount!

Please complete this form in its entirety and include payment in order to reserve a seat.

STEP 1

Is this a change of name or address? Yes No

Name: _____
Title First Last

Address: _____
Street Address

_____ City State Zip

Email: _____

Phone (D): _____

Phone (N): _____

Soc. Sec. #: _____

Date of Birth: _____

Where do you teach? _____

Tuition and Fees
(3 Graduate Credits Per Course)

Standard Tuition: **\$530** per course
 Online Registration Tuition*: **\$480** per course*
 Praxis I courses (non-credit): **\$300** per course
 Lab Fee: additional computer fee **\$10** per course

**Must request Online Login ID and Password at least 2 business days before the start of the course. Online Registration available until 11:59 p.m. the night before the first class meeting. See Late Registration policy below.*

Non-refundable Fees

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

***Late Registration Fee: \$50** All registrations (online or paper) with all required documentation and payment must be received one week before class starts to avoid a \$50 late fee. **Late registrations are accepted on a space available basis; payment will not be accepted more than 24 hours after the first day of class.**

See Continuing Education Registration Policies for more information about qualifying for lower tuition online.

STEP 2

Have you received credit from Trinity? Yes No*

*** If No, in order to receive credit, you must submit a copy of one of the following forms of official documentation of an undergraduate degree or higher when you submit this form: a final transcript, Bachelor's diploma, or Teaching License (if degree status is indicated).**

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)

Check (payable to Trinity) Money Order Employer*

Employer: _____
Billing Authorization must be attached. (See Policies)

If DCPS → Attach a copy of your DCPS Form 1000
If DCPS → Name of School: _____

Credit Card: American Express Discover
 Master Card Visa

Acct. #: _ _ _ _ _ - - - - -

Expiration Date: _ _ / _ _

Security Code (3 digits on back; 4 on front for AMEX): _ _ _ _

STEP 4 Please complete the table below:

Course #	Course Title	Location	Dates	Cost

No fee for parking permit! Trinity permits will be distributed the first day of class.

	<i>\$10 lab fee per technology course? →</i>	\$10
	<i>Late Registration fee? (See Non-refundable Fees) →</i>	\$50

STEP 5 **Total**

I have read the policies and procedures as listed on the Continuing Education website and/or in the complete published schedule for this semester. I understand the registration requirements and 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. With my signature below, I acknowledge that I am willing to comply with the aforementioned policies and I approve the release of my report card to my address above.

Signature _____ Date _____

STEP 6 **Return this form with payment to:** Trinity – Office of Continuing Education (Main Hall 228)
 125 Michigan Avenue, N.E. Washington, D.C. 20017
 Phone: 202-884-9300 Fax: 202-884-9084 Email: ContinuingEd@Trinitydc.edu