SUMMER 2008 REGISTRATION FORM

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

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 _____

STEP ❷

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

Tuition and Fees

(3 Graduate Credits Per Course)

$510 per course – Standard Tuition

$495* per course – **Early Bird Registration: 5/20/08**
****EB valid only if payment is received by 5/20/08***

$300 per course – PRAXIS I courses (non-credit)

$10 Lab Fee – additional fee per computer course

NOTE: Trinity will grant a designated rate for students who are part of an established group that has negotiated this rate with our Business Office. If eligible, please attach the billing authorization letter with this registration. Registrations will not be accepted at a special rate without this letter.

Non-refundable Fees

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

Trinity Parking: $5 (permit mailed with registration confirmation)

Late Registration Fee: $50 Registrations 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.**

STEP ❸ *Payment Method* ***(must be submitted to register)***

□ Check □ Money Order □ Employer*

Employer: _____

** Billing Authorization must be attached. (See Note Above)*

If DCPS ➔ Attach a copy of your DCPS Form 1000

If DCPS ➔ Name of School: _____

Credit Card: □ Discover □ Master Card □ Visa

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

3 # security code on back of card: _ _ _

Expiration Date: _ _ / _ _

STEP ❹ *Please complete the table below*:

Course #	Course Title	Location	Dates	Cost
*A valid **Billing Authorization Letter** must accompany every registration form to receive special rate.*				
Parking on Trinity's campus? ➔ Pay $5 for a permit. Taking a computer course? ➔ Pay $10 lab fee. ➔				**$5 / $10**
			Total	

STEP ❺

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 ❻
Return this form with payment to:

Trinity – Office of Continuing Education (Main 252)
125 Michigan Avenue, N.E. Washington, D.C. 20017
Telephone: 202-884-9300 Fax: 202-884-9084