

Registration Form

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

Name:	Phone (H):
Address:	Phone (W):
City:	Social Security Number:
State:	Date of Birth:
Zip Code:	Have you received credit from Trinity? YES <input type="checkbox"/> NO* <input type="checkbox"/> * 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).
E-mail Address:	

Tuition and Fees (3 Graduate Credits Per Course)

Standard Tuition: **\$530** per course

*Save \$50 off our standard tuition when you register online!**

*visit www.trinitydc.edu for online registration policies

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 Method (must be submitted to register)	
<input type="checkbox"/> Check (payable to Trinity)	<input type="checkbox"/> Money Order
<u>Credit Card:</u>	
<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover
<input type="checkbox"/> MC	<input type="checkbox"/> Visa
Account Number:	
Expiration Date:	

See Continuing Education Registration Policies for more information.

Please complete the table below:

Course Number	Course Title	Location	Dates	Cost
No fee for parking permit! Trinity permits will be distributed the first day of class.				<i>Late Registration fee? (See Non-refundable Fees) →</i>
				\$50
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:

Return this form with payment to:

Trinity – Office of Continuing Education (Main Hall 464) 125 Michigan Avenue, N.E. Washington, D.C. 20017

Phone: 202-884-9300 **Fax:** 202-884-9084 **Email:** ContinuingEd@Trinitydc.edu