

Online Login/Password Request Form (or Change of Address) *This is not a Registration Form*

- Please complete this form in its entirety.
- If a first time Trinity student, attach documentation of an undergraduate degree or higher (see Admission below).
- Upon receipt of this request form, your login ID and password will be sent within two business days to the email address you provide.

Check the box(es) for the request(s) that you want to submit:

Request online login ID and password Request address change

Last Name: _____

First Name: _____

Gender: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone (Day): _____

Phone (Night): _____

Social Security #: _____

Date of Birth: _____

Where do you teach?: _____

Admission/Degree Confirmation

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 _____

By checking the box and typing my name below I acknowledge that 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.

Signature _____

Date _____

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