

### Summer 2017 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:	<b>Have you received credit from Trinity?</b> <b>YES</b> <input type="checkbox"/> <b>NO*</b> <input type="checkbox"/> <i>* 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).</i>
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](http://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.**

**See Continuing Education Registration Policies for more information.**

*Please complete the table below:*

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

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

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](mailto:ContinuingEd@Trinitydc.edu)