Washington Teacher's Union (WTU) Spring 2010 Courses
Professional Development Registration Form

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 _____

TUITION AND FEES

$375 per course –Tuition for 3 credit WTU course

Non-refundable Fees

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

Late Registration Fee: $50 **Registrations with required documentation and payment to: Trinity University should be given to Dorothy Egbufor by January 29th** 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 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

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

____Personal Check ___Money Order

Please complete below when paying by Credit Card:

____American Express ____Discover

____Master Card ____Visa

Account Number:

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3 (or 4) # code on back of card: _ _ _ _

Expiration Date: _ _ / _ _

STEP ❹ *Please complete the table below*:

Course #	Course Title	Dates	Location	Cost

STEP ❺ **MAKE CHECKS/MONEY ORDER PAYABLE TO : TRINITY UNIVERSITY**

Total

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: **Washington Teacher's Union– Office of Professional Development**
1825 K Street, N.W. Suite 1050 Washington, D.C. 20006
Telephone: 202-293-8615
Fax: 202-293-8633