

Washington Teacher's Union (WTU) Graduate Credit Professional Development Registration Form

STEP ①

Name: _____

Address: _____

Street Address

City State ZIP Code

@

E-mail Address

Phone (H): _____

Phone (W): _____

Date of Birth _____

TUITION AND FEES**\$375 per course** –Tuition for WTU courses only**Non-refundable Fees****Drop Fee: \$50** (drop form must be submitted before the first class)**STEP ② Payment Method**

Information for making payment will be provided after registration.

STEP ③Have you received credit from Trinity?
___ Yes ___ No** **If NO**, with this form you must submit a copy of official documentation of the following documents to verify an undergraduate degree or higher:

- **Copy of a final transcript**
- **Copy of a Bachelor's diploma**
- **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 ④ Please complete the table below:

Course #	Course Title	Dates	Location	Cost
			<i>WTU</i>	<i>\$375</i>

STEP ⑤

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 ⑥
Return this form with payment to:Washington Teacher's Union
selwell@wtulocal6.netTelephone: 202-517-1458
Fax: 202-517-0673Trinity – Office of Continuing Education (Main 464)
125 Michigan Avenue, N.E. Washington, D.C. 20017Telephone: 202-884-9301 www.trinitydc.edu
Fax: 202-884-9084