Degree Program

Doctor of Nursing Practice & Master of Nursing Adult Nurse Practitioner

UW - Seattle campus

Winter 2014

Second Term: 01/06/2014 - 03/21/2014

REGISTRATION FORM

University of Washington Professional & Continuing Education

UW Professional & Continuing Education Registration Services, PO Box 45010
Seattle WA 98145-0010 Fax (206) 685-9359, Phone (206) 543-2310

IMPORTANT - PLEASE READ - THIS IS NOT A BILL
KEEP A COPY OF THIS FORM FOR YOUR RECORDS

* Registration is not final without payment.
* Return this form and payment to the above address or register by telephone using VISA or MasterCard by calling (206) 543-2310 Monday through Thursday 8:00 a.m. to 5:00 p.m. and Friday 9:00 a.m. to 5:00 p.m.

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (Middle) _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____ UW Student ID No. (Required if you have ever enrolled at UW) _____

Day Phone _____ Evening Phone _____ E-mail _____

Signature (I acknowledge I have read and understand all fee/policy information below.) _____ Date _____

Please check: Yes ❑ No ❑ I am active U.S. military or a U.S. military veteran. ❑ I will seek reimbursement from the GI Benefits Office.

COURSE(S)

Course Information on Back

METHOD OF PAYMENT

Please check the box that indicates your payment method:

❑ Credit Card. (Provide card information at right.)

❑ Enclosed check made payable to the University of Washington. (Returned checks are subject to $25 service charge.)

❑ Third-party payer - Separate document (purchase order or letter of authorization to bill) must accompany registration form each term.

❑ Third-party payer authorization on file.

❑ Approved or pending Financial Aid - UW Professional & Continuing Education Payment Agreement must accompany registration form each term.

❑ VISA ❑ MasterCard

Credit Card Number _____ Expiration date _____

Print name as it appears on card _____ Signature _____

Credit card billing address (if other than student address) _____

Phone number _____

FEES / POLICIES

PAYMENT POLICY: Payment (or, for students receiving financial aid, the UW P&CE Payment Agreement) is due at the time of registration. There is a $25 late fee beginning the first day of the term: January 6, 2014. Students receiving financial aid through the UW Student Financial Aid Office must pay in full within one week after the financial aid has been disbursed. There is a $75 petition fee beginning January 20, 2014.

REFUND POLICY: To receive a 100% refund, minus the $42.00 nonrefundable registration fee, you must send a written request to withdraw by January 12, 2014. To receive a 50% refund, minus the $42.00 registration fee, the written request must be received by February 4, 2014.

WITHDRAWAL POLICY: If you are not planning to continue in the program or course, please send a request to withdraw, with or without a refund, to: UW Professional & Continuing Education Registration Services, PO Box 45010, Seattle WA 98145-0010, or send email to uweoreg@pce.uw.edu.

OTHER MANDATORY FEES: Information about other mandatory fees is available on the web at http://f2.washington.edu/fm/sfs/tuition/components.

ACCOMMODATIONS FOR DISABILITIES: To request disability accommodations, contact the UW Disability Services Office as early as possible at 206-543-6450.

CANCELLATIONS AND CHANGES: UW Professional & Continuing Education reserves the right to cancel programs or classes with low enrollment. Fees and tuition are subject to change.

PARKING: Parking information and maps are available on the web at http://pce.uw.edu/resource.aspx?id=3846.

For students registering with UW departmental scholarships or approved/pending financial aid through the UW office of student financial aid please follow this link for a PCE Payment Agreement Form:
http://www.pce.uw.edu/uploadedFiles/Main/StudentInfo/payment_agreement.pdf

Course Information

***DISCLAIMER: Submitting your registration to UW PCE does not confirm that you have enrolled for the quarter. You will not be enrolled until all pending registration holds have been cleared. Login to MyUW to verify your enrollment or to view any outstanding registration holds.**

Please select the courses you wish to register for below: For course schedule, instructor, classroom location or information about obtaining an add code or faculty code, please consult the online UW Professional & Continuing Education Time Schedule at: http://www.washington.edu/students/timeschd/WIN2014/95index.html.

☐ **Registration #137022 Nurse Practitioner Clinical Practicum IV: Adults/Older Adults (NCLIN 552 A – SLN 17390)**
Academic Credits: 6.00

☐ **Registration #138040 NP CLIN PRACT IV (NCLIN 552 B – SLN 17391)**
Academic Credits: 6.00

☐ **Registration #138539 Scholarly Inquiry for Advanced Practice (NMETH 535 B – SLN 20848)**
Academic Credits: 5.00

☐ **Registration #137192 CAPSTONE PROJECT (NMETH 801 B – SLN 17506)** **FACULTY CODE REQUIRED: _____**
Academic Credits: 1.00 - 12.00, please specify: ____

☐ **Registration #137196 EB MGMT-MENTAL HLTH (NSG 534 B – SLN 17520)**
Academic Credits: 1.00 - 3.00, please specify: ____

☐ **Registration #138541 Health Policy (NSG 551 B – SLN 20847)**
Academic Credits: 3.00

☐ **Registration #138545 Social Determinants of Hlth and Hlth Equity (NSG 552 B – SLN 20846**)
Academic Credits: 3.00

☐ **Registration #137043 Professional Issues for Nurse Practitioners (NURS 573 B – SLN 17547)**
Academic Credits: 2.00

See Electives, Tuition, & Fee Calculation Table on Following Page

Elective Courses - Please write in. You will need to provide a Schedule Line Number (SLN) from the online PCE time schedule (http://www.washington.edu/students/timeschd/WIN2014/95index.html)* and, when required, an add code or faculty code.

***If course does not have a PCE section you will need to consult the regular (non-PCE) time schedule and register for non-PCE section:** http://www.washington.edu/students/timeschd/WIN2014/

☐ **SLN** # _____ Course name & #: _____

If required, Add code: _____ or Faculty code: _____

☐ **SLN** # _____ Course name & #: _____

If required, Add code: _____ or Faculty code: _____

☐ **SLN** # _____ Course name & #: _____

If required, Add code: _____ or Faculty code: _____

Total Number of Credits	_____
Tuition (Use tuition calculator below)	$_____
Registration Fee	$ 42.00
Technology Fee (Select appropriate fee from the chart below)*	$_____
Other Mandatory Fees (Select appropriate fee from the chart below)*	$_____
TOTAL	**$**_____

Credit Course Fees*

Tuition Calculator (# credits x $660)	Total Number of Credits	1	2	3	4	5	6	7	8	9	10
	Tuition Rate	**$660**	**$1320**	**$1980**	**$2640**	**$3300**	**$3960**	**$4620**	**$5280**	**$5940**	**$6600**
	Total Number of Credits	11	12	13	14	15	16	17	18	19	20
	Tuition Rate	**$7260**	**$7920**	**$8580**	**$9240**	**$9900**	**$10560**	**$11220**	**$11880**	**$12540**	**$13200**

Credit Course Fees*

Number of Credits	1	2	3	4	5	6	7	8	9	10+
Technology Fee - Graduate	$12	$12	$18	$23	$29	$35	$41	$41	$41	$41
Other Mandatory Fees - Graduate	$71	$71	$106	$141	$176	$212	$247	$247	$247	$247

* Subject to change without notice