1st & 2nd Year Certificate Program

Infant Mental Health

UW - Seattle campus

Winter 2014

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.
* The registration deadline is two weeks before the first day of class.
* 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

1st Year Students:

☐ **Registration #137036 Development and Psychopathology: Parents and Infants (NSG 537 A - SLN 17521)**

Academic Credits: 3.0

2nd Year Students:

☐ **Registration #127845 IMH Practice: Parent Child Relationships and Interventions (NCLIN 540 A - SLN 17388)**

Academic Credits: 3.0

Tuition		$1,971.00
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*

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

****Please inform PCE Registration if you have already registered for other courses and paid for additional credit hours for this quarter. Your Technology Fees and Other Mandatory Fees are based on the number of total credits per quarter. You may not owe additional fees if you have already paid fees for 7+ credits this quarter.**