University of Washington Certificate **Professional & Continuing Education** Nurse-Midwifery UW Professional & Continuing Education Registration Services, PO Box 45010 Neonatal Clinical Nurse Seattle WA 98145-0010 Fax (206) 685-9359, Phone (206) 543-2310 Specialist **IMPORTANT - PLEASE READ - THIS IS NOT A BILL** Neonatal Nurse Practitioner **KEEP A COPY OF THIS FORM FOR YOUR RECORDS** Perinatal Nurse Specialist * Registration is not final without payment. * The registration deadline is two weeks before the first day of class. UW - Seattle campus * 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. Summer 2016 Term: 06/20/2016 - 08/19/2016 PERSONAL INFORMATION Name (Last) (First) (Middle) Birthdate UW Student ID No. (Required if you have Address City State Zip Code 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, if applicable: 🔲 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: VISA MasterCard Credit Card. (Provide card information at right.) Credit Card Number Enclosed check made payable to the University of Washington. Checks drawn on U.S. banks in U.S. funds. (Returned checks are subject to \$25 service charge.) Security code (CVV) Expiration date Third-party payer - Separate document (purchase order or letter of authorization to bill) must accompany registration form each term. Print name as it appears on card Signature

Third-party payer authorization on file.

Midwifery Graduate

Approved or pending Financial Aid - for complete terms of agreement, go to: http://www.pce.uw.edu/paymentterms/

Credit card billing address (if other than student address)

REGISTRATION FORM

Phone number

FEES / POLICIES

PAYMENT POLICY: The payment deadline is two weeks before the first day of class. Accepted students who do not pay by the close of business the third day of class may be assessed a \$90 late fee.

REFUND POLICY: To receive a 100% refund, minus the \$45.00 nonrefundable registration fee, you must send a written request to withdraw by no later than the 8th calendar day from the first day of class. Email your request to uweoreg@pce.uw.edu or fax to (206) 685-9359. There are no refunds for withdrawals requested after the 8th calendar day from the first day of class.

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.

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.

Course Information

You w		on to UW PCE does not confirm that you have en egistration holds have been cleared. Login to M istration holds.	
inform	ation about obtaining an add code or fa	ister for below: For course schedule, instructor, cl aculty code, please consult the online UW Profession shington.edu/students/timeschd/Sum2016/95ing	onal & Continuing
Registratior	n #158611 Advanced Clinical Practicum II	(NCLIN 517 G – SLN 12498)	
Acader	nic Credits: 5.00		
Registratior	n #158612 Advanced Clinical Practicum II	(NCLIN 517 H – SLN 12499)	
Acader	nic Credits: 5.00		
Registratior	n #158610 Newborn Assessment for Adva	anced Practice (NCLIN 519 A – SLN 12506)	
	nic Credits: 1.00		
•	n #158640 Theoretical Foundations of Adv nic Credits: 3.00	vanced Practice Nursing: Childbearing (NURS 543 A	– SLN 12607)
time s requir *If cou	chedule (<u>http://www.washington.</u> ed, an add code or faculty code. urse does not have a PCE section yo	ill need to provide a Schedule Line Number (SLI edu/students/timeschd/SUM2016/95index.ht ou will need to consult the regular (non-PCE) tim w.washington.edu/students/timeschd/SUM2(iml)* and, when ne schedule and
	SLN # Course name & a	#:	
	Please Specify Credit Amount		
	If required, Add code:	or Faculty code:	
	SLN # Course name & a	#:	
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	If required, Add code:	or Faculty code:	
	SLN # Course name & a	#:	
	Please Specify Credit Amount_		
	If required, Add code:	or Faculty code:	

See Tuition & Fee Calculation Table on Following Page

Total Number of Credits	
Tuition (Use tuition calculator below)	\$
Registration Fee	\$ 45.00
Technology Fees (no fee summer qtr)	\$ <u>0</u>
Other Mandatory Fees (Select appropriate fee from the chart below)*	\$
TOTAL	\$

Credit Course Fees*

Tuition	Total Number of Credits	1	2	3	4	5	6	7	8	9	10
Calculator	Tuition Rate	\$752	\$1504	\$2256	\$3008	\$3760	\$4512	\$5264	\$6016	\$6768	\$7520
(# credits x \$752)	Total Number of Credits	11	12	13	14	15	16	17	18	19	20
. ,	Tuition Rate	\$8272	\$9024	\$9776	\$10528	\$11280	\$12032	\$12784	\$13536	\$14288	\$15040

Number of Credits	1	2	3	4	5	6	7	8	9	10+
Other Mandatory Fees- Graduate		\$67	\$101	\$135	\$169	\$202	\$236	\$236	\$236	\$236

* Subject to change without notice