

Degree Program  
**Bachelor of Science  
in Nursing -  
Accelerated**

**UW - Seattle campus**

Summer 2016

Fifth Term: 06/20/2016 - 08/19/2016

# 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, 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.)

Expiration date \_\_\_\_\_ Security code (CVV) \_\_\_\_\_

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.

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) \_\_\_\_\_

Phone number \_\_\_\_\_

### FEES / POLICIES

**PAYMENT POLICY:** Payment (approved or pending financial aid) is due at the time of registration. There is a \$25 late fee beginning the first day of the term: June 20, 2016. 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 July 5, 2016.

**REFUND POLICY:** To receive a 100% refund, minus the \$45.00 nonrefundable registration fee, you must send a written request to withdraw by June 13, 2016. *Since the ABSN program has a quarterly flat tuition rate, you will not receive a refund if withdrawing from a course(s). You will receive a refund only if you withdraw from the entire program by the deadline date.*

**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](mailto: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>.

# Course Information

Accelerated Bachelor of Science in Nursing Summer 2016 Courses.

**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/SUM2016/95index.html>.

**Registration #155212 Introduction to Research in Nursing (NMETH 403 A – SLN 12576)**

Academic Credits: 3.00

**Registration #155239 Cultural Variation and Nursing Practice (NURS 407 A – SLN 12596)**

Academic Credits: 3.00

**Registration #155225 Transition to Professional Practice (NURS 419 A – SLN 12599)**

Academic Credits: 3.00

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**Please select (check the box for) one of the following sections, NOTE: You must register for the section to which you have been assigned. Please refer to the appropriate clinical assignment spreadsheet, accompanying this registration form. If you have any questions, contact Anh Shafer, ABSN Program Coordinator in the School of Nursing 206.543.7086.**

**Registration #155194 Transition to Professional Practice (NCLIN 411 A – SLN 12487)**

Academic Credits: 9.00

**Registration #155195 Transition to Professional Practice (NCLIN 411 B – SLN 12488)**

Academic Credits: 9.00

**Registration #155196 Transition to Professional Practice (NCLIN 411 C – SLN 12489)**

Academic Credits: 9.00

**Registration #155197 Transition to Professional Practice (NCLIN 411 D – SLN 12490)**

Academic Credits: 9.00

**Registration #155198 Transition to Professional Practice (NCLIN 411 E – SLN 12491)**

Academic Credits: 9.00

**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/SUM2016/95index.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/SUM2016/>

**SLN # \_\_\_\_\_ Course name & #: \_\_\_\_\_**

Please Specify Credit Amount \_\_\_\_\_

If required, Add code: \_\_\_\_\_ or Faculty code: \_\_\_\_\_

**SLN # \_\_\_\_\_ Course name & #: \_\_\_\_\_**

Please Specify Credit Amount \_\_\_\_\_

If required, Add code: \_\_\_\_\_ or Faculty code: \_\_\_\_\_

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

<b>Accelerated Bachelor of Science in Nursing Summer Quarter 2016 Tuition (Program Fee)</b>	\$ 9,404.00
<b>Registration Fee</b>	\$ 45.00
<b>Other Mandatory Fees</b>	\$ 236.00
<b>Technology Fee (no fee summer qtr)</b>	\$ 0.00
<b>TOTAL*</b>	<b>\$ 9,685.00</b>

\* Subject to change without notice

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Please note: **In addition to** paying the fees indicated on this form at time of registration, **you will be required to pay an annual Health fee and to pay each quarter for a U-Pass (this is mandatory for all UW students without exception). These charges will appear on your student account.** The Health fee is typically charged every Autumn Quarter. Payment goes to UW Student Fiscal Services.

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