**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:

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

☐ 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.)

☐ 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 - for complete terms of agreement, go to: http://www.pce.uw.edu/paymentterms/

☐ VISA  ☐ MasterCard

Credit Card Number ____________________________

Expiration date ____________________________ Security code (CVV) ____________________________

Print name as it appears on card ____________________________ Signature ____________________________

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

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

*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.

☐ Registration #146575  Infant Observation  (NSG 568 A – SLN 17529)
   Academic Credits: 1.00

☐ Registration #146577  Relationship Based Mental Health Assessment of Infant and Toddler  (NURS 555 A - 17556)
   Academic Credits: 3.00  ADD CODE REQUIRED: ________

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. If there are questions, please contact the Graduate Advisor Maria W. Tong (mtong@uw.edu).

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Tuition $2,864.00
Registration Fee $45.00
Technology Fee (Select appropriate fee from the chart below)** $23.00
Other Mandatory Fees (Select appropriate fee from the chart below)** $141.00

TOTAL $3,073.00

**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.

Credit Course Fees*

<table>
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<th>Number of Credits</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10+</th>
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<tbody>
<tr>
<td>Technology Fee- Graduate</td>
<td>$12</td>
<td>$12</td>
<td>$18</td>
<td>$23</td>
<td>$29</td>
<td>$35</td>
<td>$41</td>
<td>$41</td>
<td>$41</td>
<td>$41</td>
</tr>
<tr>
<td>Other Mandatory Fees- Graduate</td>
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<td>$70</td>
<td>$105</td>
<td>$141</td>
<td>$176</td>
<td>$211</td>
<td>$246</td>
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*Subject to change without notice