Degree Program

Adult Gerontology Primary Care Nurse Practitioner/

Adult Gerontology Acute Care Nurse Practitioner

UW - Seattle campus

Summer 2017

Term: 06/19/2017 - 08/18/2017

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:

❑ 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: https://www.pce.uw.edu/payment-agreement-terms

❑ 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: 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 19, 2017. 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 3, 2017.

REFUND POLICY: To receive a 100% refund, minus the $45.00 nonrefundable registration fee, you must send a written request to withdraw by June 25, 2017. To receive a 50% refund, minus the $45.00 registration fee, the written request must be received by July 9, 2017.

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 c2reg@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.

Course Information

***DISCLAIMER: Submitting your registration to UW Continuum College 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/SUM2017/95index.html***.

❑**Registration #162793 Management of the Adult III (NSG 564 A – SLN 12706)**
Academic Credits: 3.00

For NCLIN 517 choose one of the following sections:

❑**Registration #162779 Advanced Clinical Practicum II (NCLIN 517 I – SLN 12618)** For **AGNP-Primary Care** Students Only
Academic Credits: 5.00

❑**Registration #162780 Advanced Clinical Practicum II (NCLIN 517 J – SLN 12619)** For **AGNP-Primary Care** Students Only
Academic Credits: 5.00

❑**Registration #162781 Advanced Clinical Practicum II (NCLIN 517 K – SLN 12620)** For **AGNP-Acute Care** Students Only
Academic Credits: 5.00

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/SUM2017/95index.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/SUM2017/

☐**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: _____

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

Please Specify Credit Amount_____

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

See Tuition, & Fee Calculation Table on Following Page

Please note: In addition to paying the fees indicated on this form at time of registration, you will be required to pay each quarter for a U-Pass (this is mandatory for all UW students without exception). This charge will appear on your student account. If there are questions, please contact the Graduate Advisor Maria W. Tong (mtong@uw.edu).

Total Number of Credits	_____
Tuition (Use tuition calculator below)	$_____
Registration Fee	$ 45.00
Technology Fees	$_____
Other Mandatory Fees (Select appropriate fee from the chart below)*	$_____
TOTAL	**$**_____

Tuition Calculator (# credits x $790)	Total Number of Credits	1	2	3	4	5	6	7	8	9	10
	Tuition Rate	**$790**	**$1580**	**$2370**	**$3160**	**$3950**	**$4740**	**$5530**	**$6320**	**$7110**	**$7900**
	Total Number of Credits	11	12	13	14	15	16	17	18	19	20
	Tuition Rate	**$8690**	**$9480**	**$10270**	**$11060**	**$11850**	**$12640**	**$13430**	**$14220**	**$15010**	**$15800**

Credit Course Fees

Number of Credits	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10+**
Technology Fee- Graduate or GNM	$11.00	$11.00	$16.00	$22.00	$27.00	$33.00	$38.00	$38.00	$38.00	$38.00
Other Mandatory Fees- Graduate	$66.00	$66.00	$99.00	$132.00	$165.00	$198.00	$231.00	$231.00	$231.00	$231.00

* Subject to change without notice

A nominal portion of course fees may go towards refreshments and mementos.