

College of Education

Professional Development/Continuing Education

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College of Education Registration Form

Professional Development/Continuing Education

(RMRGNREC)

For EDPD Use Only: Year & Term course being offered (e.g., 02FQ): Course subject & section: EPD	
Check #:	

REGISTRAR'S OFFICE USE ONLY

Processed by: ______ Date: _____

NOTE: Please print, using ink, and complete fields I-IV on this form. Incomplete information may delay your registration or cause inaccuracy of your transcript.

Student Information:		
Social Security Number:	No SSN? Check He	ere o
Student Legal Name	First	Middle
Mailing Address:Street & Number		Apt #
Day Phone: () Evening Phone:	State ()Area Code	Zip Birthdate:
Have you ever taken another course through Seattle University	? o Yes o No	
If yes: Dates of Attendance: Li	ist All Former Names:	
Citizenship (required): o U.S. o Other (specify):	and type of visa:	Gender (optional): o Male o Female
Course Title:		
Course Instructor:	Date(s) of Course:	
Method of Payment: (check one below)		
o Check: Make payable to Seattle University, unless otherw	ise instructed.	
o Visa#		Expiration Date:
o MasterCard #		Expiration Date:
Amount Paid:		
Signature		
I verify that the above information is correct and accurate at the posting of my grades. I also understand that my signs once registered, I will be obligated to pay all applicable tu tuition and fees when due, Seattle University has the right finance charge of 1.0% per month (12% APR). In addition, expenses and fees the university incurs in collecting my include finance charges previously assessed and not paid.	ature confirms my intent to ition and fees. I also under nt to assess my unpaid bal Seattle University has the r unpaid balances. I unders	o register for the above named courses and to stand and agree that if I fail to pay all applica lances cumulative late fees of up to \$200 an ight to charge me for any subsequent collect
Signature (required):		Date:
TE: Official transcripts are obtained by submitting a Transcript Reques		