University of Washington / UW EDGE
Non-Matriculated Student Registration

Quarter ☐ Year ☐

Please print or type. **A Registration Approval Form for each course and full payment must be included.** If submitting materials by email, the instructor and department approvals can be copied and pasted into one email if needed or submitted as attachments. The registration form, approval form, and payment agreement/voucher (if applicable) must be submitted as attachments. Send your email to: uweoreg@extn.washington.edu. Hard copies of materials can be submitted by FAX: 206.685.9359; by mail: UW Non-Degree Registration Services, PO Box 45010, Seattle, WA 98145-0010; or in person: 4311 - 11th Ave NE, Suite 100, Seattle, WA 98105

To request disability accommodations, contact UW Disability Services Office at 206.543.6450 (Voice), 206.543.6452 (TDD), or 206.685.3885 (FAX).

Social Security Number* (indicate if none exists)	Date of Birth* (Mo., Day, Yr.)	Gender: ☐ Male ☐ Female	Former Name (if applicable)
Name (Last) (First) (Middle)			Work Telephone
Address (Street) (Apt.)			Home Telephone
(City) (State) (Zip)		Email Address	

*Social Security Number and Birthdate: For purposes of the new Hope and Lifetime Learning tax credits, federal law (section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security Number.

Are you currently on drop status for low scholarship? ☐ Yes ☐ No	UW Student # (if applicable)

GRADING OPTION

☐ Satisfactory/Not Satisfactory ☐ Audit ☐ Standard Grading (numeric or credit/no credit)

COURSES REQUESTED

(Office Use) **Reg Number**	SLN	Course Number (e.g. AA 525)	Number of Credits	Course Name	Fees

MEDIA FEE (you must choose one)	☐ Web - $0 ☐ CD-ROM - $100

All students may access the Web media at any time, free of charge, even if CD-ROM or Video is selected.

TECHNOLOGY FEE	
Late Fee**	
REGISTRATION FEE	**35.00**
TOTAL FEES	

Signature X _____ Date _____

(Not required if submitting form via email)

METHOD OF PAYMENT

**See the University of Washington's Academic Calendar for late fee schedule

Please check the box that indicates your payment method.

☐ Credit Card (provide card type, number, & expiration at right)

☐ Check made payable to the University of Washington (Returned checks are subject to a $25 service charge)

☐ Third-party payer – Separate document (purchase order, Boeing voucher, or letter of authorization to bill) must accompany registration form each term.

☐ VISA ☐ MasterCard	Credit Card No.	Expiration Date
PRINT name as it appears on card	Signature (not required for email submission)	
Credit Card billing address and phone number for Third-party payer		

OFFICE USE ONLY

ID Number	Payment No.	Entered By	F/C/Mail	Date