University of Washington / UW EDGE Non-Matriculated Student Registration

Quarter	Year					
and payment agreemer	nt/voucher (if applicable) mu	rm for each course and full pay st be submitted together. Hard co Box 45010, Seattle, WA 98145-00	pies of materials can be	submitted by FAX: 206.6	35.9359; by	
To request disability a	ccommodations, contact UW	⁷ Disability Services Office at 206	5.543.6450 (Voice), 206.5	543.6452 (TDD), or 206.68	35.3885 (FAX).	
Review the EDGE Stu	dent Handbook for policies	and procedures regarding your co	urse(s): http://www.engr.	washington.edu/edge/stud	_hand.html	
Social Security Num	ber* (indicate if none exists)	Date of Birth* (Mo., Day, Yr.)	Birth* (Mo., Day, Yr.) Gender: Male Former Name (if a		pplicable)	
Name	ne (Last) (First)		(Middle)	Work Telephone		
Address	(Street)		(Apt.)	Home Telephone		
(City) (State) (Zip)			Email Address			
Are you currently or	a drop status for low scho	larship? 🗌 Yes 🗌 No	UW Student # (if appl	icable)		
GRADING OPTION	Ň		•			
Satisfactory/Not	Satisfactory Au	dit 🛛 Standard Grading	(0.0 - 4.0)			
COURSES REQUE	STED					
(Office Use) Reg Number	Number	mber of Con edits	Course Name		Course Fee**	
					-	
		TEC	TECHNOLOGY FEE			
			Late Fee**			
Signature X(Not required if submitti	ng form via email)	REG	REGISTRATION FEE 44.00			
				TOTAL FEES		
*Social Security Number requires the University to	and Birthdate: For purposes of obtain your Social Security Nu	the new Hope and Lifetime Learning to mber.	ax credits, federal law (section	ion 6109 of the Internal Reve	nue Code)	

** For current course fee rates see http://www.outreach.washington.edu/evedeg/graduate/edge_reg.asp

*** For late fee rates and deadlines see the University of Washington's Academic Calendar http://www.washington.edu/students/reg/calendar.html

METHOD OF PAYMENT

Please check the box that indicates your payment method.	UVISA VISA	Credit Card No.	Expiration Date			
Credit Card (provide card type, number, & expiration at	MasterCard					
right)	PRINT name as it appears on card	Signature				
Check made payable to the University of Washington						
(Returned checks are subject to a \$25 service charge)	Credit Card billing address and phone number for Third-party payer					
☐ Third-party payer – Separate document (purchase order,	C 1					
Boeing voucher, or letter of authorization to bill) must						
accompany registration form each term.						
OFFICE USE ONLY						

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