Trinity	Office of Continuing Education	Spring 2020

Private Course for ASDEC Participants Professional Development Registration_Form

TUITION AND FEES
\$375 per course – Tuition for 3 credit ASDEC course

Non-refundable Fees

Drop Fee: \$50 (drop form must be submitted before the first class)

STEP **3** Payment Method (must be submitted to register)

* Made out to Trinity University

Please complete below when paying

Fax: 202-884-9084

Money Order*

Personal Check*

STEP 0

Is this a change of Name or Address? ___Yes ___No

Name: $\Box Mr./\Box Ms.$

Address:

## STEP ● Have you received credit from Trinity?YesNo* Phone (H):	Discover Visa	
Phone (H): Phone (W): Soc. Sec. #: Date of Birth STEP © Please complete the table below: Course # Course Title EDU 614S Study Skills Have you received credit from Trinity? Yes No* Have you received credit from Trinity? Yes No* Yes N		
Phone (W):		
Soc. Sec. #: Date of Birth STEP 4 Please complete the table below: Course # Course Title EDU 614S Study Skills a final transcript, Bachelor's diploma, or Teaching License (if degree status is indicated on the Teaching License). BA/BS MA MAT MEd MAT MEd Dates Course # Course Title EDU 614S Study Skills a final transcript, Bachelor's diploma, or Teaching License (if degree status is indicated on the Teaching License). DEGREE(S) HELD: Please check those that apply to you: MAT MEd Dates Expiration Date:/ Expiration Date:/ S375 from S		
STEP 4 Please complete the table below: Course # Course Title EDU 614S Study Skills EMA MAT MEd Other Other Expiration Date:/ Expiration Date:/ Expiration Date:/ Expiration Date:/ February 8 – April 25, 2020 ASDEC \$375 from Start Plants Study Skills Study Sk	3 or 4 # code on back of card:	
EDU 614S Study Skills February 8 – April 25, 2020 ASDEC \$375 from s		
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	student	
STEP 6 Total \$375	5	
I have read the policies and procedures as listed on the Continuing Education website and/or in the complete published schedule for this semester. I understand the registration requirements and that I am responsible for and agree to pay all charges I incur at Trinity, whether or not my employer initially agreed to pay my tuition. We my signature below, I acknowledge that I am willing to comply with the aforementioned policies and I approve the release of my report card to my address above. Signature Date	Vith	

STEP © Return this form with payment to: Ellen O'Neill - ASDEC - 22 West Jefferson Street, Suite 307, Rockville, MD 20850 - concill@asdec.org

Other Questions: Trinity - Cont Ed (Main 471) 125 Michigan Ave, N.E. Wash., D.C. 20017 Telephone: 202-884-9301