NONMATRICULATED (NM) GRADUATE NONMATRICULATED (GNM)
STUDENT REGISTRATION

This form is dynamic. Simply type in your information, and your fees will be automatically calculated. Then just print out the completed form. If you prefer to fill out the form by hand, you may print it out now without entering any data.

☐ NM
☐ GNM

Quarter_____Year 20____

Please print or type. **A completed Registration Approval form for each class must be attached and full payment included.** Mail, deliver or fax to UW Non-Degree Registration Services, P.O. Box 45010, Seattle, WA 98145-0010 or call 206-543-2310, (FAX) 206-685-9359.

For additional forms, fees and information please visit our website at: http://www.nondegree.washington.edu

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 # (Please leave blank if you don't have a UW # or if you don't know it.)
Are you a currently enrolled high school student ? ☐ Yes ☐ No	If yes, you must submit high school transcripts and attach a letter from your high school guidance counselor or principal. Students must have completed ninth grade.

GRADING OPTION

☐ Satisfactory/Not Satisfactory ☐ Audit ☐ Standard Grading (A–F)

COURSES REQUESTED

On your computer please fill in the course description including the course fees (the Fees field is immediately below, far right). The form will automatically calculate your total.

(Office Use) Reg Number	SLN	Dept. Abbreviation	Course Number	Course Section	Number of Credits	Course Name	Fees Fill in this field
						TECHNOLOGY FEE	

Signature X _____ Date _____

Late Fee	
Registration Fee	39.00
Total Fees	

METHOD OF PAYMENT

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 $25 service charge.)

☐ Third-party payer – Separate document (purchase order 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 _____

Credit Card billing address for Third-party payer _____

UoW 1512 (Rev. 6/11)

OFFICE USE ONLY

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

RESET BUTTON