

# APPLICATION/COURSE REGISTRATION



## Center for Continuing Studies

800 Florida Avenue, NE, Kendall Hall, Washington, DC 20002  
 202-448-7272 (v) 202-250-2759 (vp) 202.651.5987 (fax)  
 ccs@gallaudet.edu ccs.gallaudet.edu

Applying for academic year 20 \_\_\_\_  
 Semester  
 Fall  Spring  Summer

### Section I: Personal Information (Please type or print)

Name: \_\_\_\_\_  
Title First Middle Last

Previous Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Phone/Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Voice  VP  Voice  VP

Fax: \_\_\_\_\_

Check here if mailing address is same as above.

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Sex:  M  F Birthdate: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_ or Student ID #: \_\_\_\_\_

#### Educational Background

Last Degree Received:  
 High School  Associates  Bachelors  
 Masters  Doctorate  Current high school student

School: \_\_\_\_\_

Are you applying for admission to a certificate program?  No  Yes

#### Citizenship:

- USA/Native
- Permanent Resident
- Temporary Resident
- Other (please specify) \_\_\_\_\_

Note: All non-US citizens taking a class on campus must fill out a VISA Information Form

#### Hearing Status:

- Deaf  Hard-of-Hearing  Hearing

#### Ethnicity (optional):

- Are you Hispanic?  Yes  No
- American Indian/Native-Alaskan
  - Asian American
  - Black/African-American
  - Hispanic/Latino
  - Native-Hawaii/Pacific Island
  - White  Other \_\_\_\_\_
  - I prefer not to reply

#### Relationship with Gallaudet:

- Previously Attended
- Employee:  Fac  Staff [ Current  Former]
- Current Gallaudet Student:  UG  Grad [ FT  PT]
- Consortium
- Other \_\_\_\_\_

#### ASL Background:

- None  Beginner
- Intermediate  Advanced

#### Support Services Needed:

- Tactile Interpreting  Mobility Aids
- Visual Aids  Other \_\_\_\_\_

\_\_\_\_\_  
 Name of Program

### Section II: Registration Information

Course Number (Ex: PST 175-01)	Course Name	Credit Hour(s)	Start Date	Day(s)	Time	Tuition (If waived)

### Section III: Signature (Applications will not be processed without required signatures.)

With my signature, I confirm that the information on this application is true and complete to the best of my knowledge and that it is my responsibility to read and abide all the rules and procedures as outlined by the Summer Programs..

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ (please type or print clearly)

## PAYMENT INFORMATION



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Office Use Only  
Do not write in this box  
ID# \_\_\_\_\_

### Section IV: Payment

(Full payment must accompany this form. If a third-party agency is paying on your behalf, official documentation must accompany your application. You will not be enrolled in your courses if you do not send full payment. The Summer Programs will contact you via email if you miscalculate the total. Please keep in mind that this will delay your registration.)

#### FEES:

- |   |  |
|---|--|
| <input type="checkbox"/> Application Fee (\$30)           | \$ _____   |
| <input type="checkbox"/> Tuition                          | \$ _____ (see tuition and fee schedule)  |
| <input type="checkbox"/> Certification Program Fee (\$75) | \$ _____ (first time applicants)   |
| <input type="checkbox"/> Materials/Lab/Test Fee           | \$ _____ (check course description)  |
| <input type="checkbox"/> Late Fee (\$50)                  | \$ _____ (automatically assessed for registrations received less than two weeks prior to start of class) |
| <input type="checkbox"/> Board Fee*                       | \$ _____ (complete Housing/Meal Application)   |
| <input type="checkbox"/> Room Fee*                        | \$ _____ (complete Housing/Meal Application)   |
| <input type="checkbox"/> Linen fee* (\$13)                | \$ _____   |
|   | \$ _____ <b>Total</b>  |

Promo Code (enter 8 spaces in text box)

\*attach Housing/Meal Application (summer session only)

#### PAYMENT TYPE:

- Money Order # \_\_\_\_\_
- VR or Employer Authorization (completed paperwork must accompany this application)
- &UHGLW &DUG
- Faculty/staff Tuition Waiver (attach signed Tuition Waiver form)
- Waived fee - Currently Enrolled Full-time Gallaudet Student (ID# \_\_\_\_\_)
  - Graduate
  - Undergraduate
- Tuition Credit (attach letter)

#### How did you learn about Gallaudet University's Professional Studies programs?

- Flyers/postcards/program ad
- Online catalog/web
- Social media
- A co-worker/friend/employer
- Email Announcement
- Other \_\_\_\_\_