

# UW Instructional Center Summer 2018 Registration Form

## Prep Courses for Professional School Entrance Exams

To ensure a spot, please complete this form and pay the course fee **by Friday, June 8, 2018**.

1. Submit this form at the Instructional Center front desk during the hours of 1:00 pm to 4:45 pm on any business day.
2. Pay the course fee via a Husky Card. Visit [http://hfs.washington.edu/husky\\_card](http://hfs.washington.edu/husky_card) to find out how to put money on your account.

If you cannot register in person or do not have a Husky Card, please contact us to make other arrangements.

Refund policy: 100% refund before the course starts, 80% until the end of the first week, 0% after the first week.

*Please retain copies of your receipt and registration form for your records.*

Course for which you are registering (circle one):	MCAT	PCAT	DAT	OAT	LSAT	GRE
	\$700	\$700	\$700	\$700	\$600	\$600

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_ Class Standing: \_\_\_\_\_

Have you taken this test before? Yes No If yes, when? \_\_\_\_\_

What were your scores on each section? \_\_\_\_\_

Do you plan to take your test this year? Yes No If no, when? \_\_\_\_\_

How did you hear about this course: \_\_\_\_\_

### University of Washington students only:

UW ID: \_\_\_\_\_ IC Eligible? Yes No OMAD student? Yes No

Please circle the courses you have successfully completed:

<b>Biology:</b>	180	200	220	<b>Chemistry:</b>	142	152	162	237	238	239	241	242		
<b>Math:</b>	120	124	125	126	<b>Qsci:</b>	291	292	<b>Physics:</b>	114	115	116	121	122	123

**We want to ensure the highest quality of instruction possible. Please read the following policies carefully before signing this form:**

1. Please attend regularly; when you cannot come to class, you must let us know. We suggest you minimize such summer activities as classes or work so that you can put your effort toward scoring well on your test.
2. For every two hours of lecture time in class, you should expect to study at least four hours outside of class.
3. We request that you provide us (anonymously) with your final test score. This will be used only to evaluate the effectiveness of our course.

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

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



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### Office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Registered: \_\_\_\_\_ Other: \_\_\_\_\_