

UW Instructional Center Summer 2019 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 14, 2019**.

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 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 \$950	PCAT \$950	DAT \$950	LSAT \$750	GRE \$750
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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:

Biology:	180	200	220	Chemistry:	142	152	162	237	238	239	241	242	
Math:	120	124	125	QSci:	291	292	Physics:	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: _____

INSTRUCTIONAL CENTER | Box 355650 | 1307 NE 40TH Street | Seattle, WA 98195-5650 | 206-543-4240

Office Use Only:

Date Received: _____ Received by: _____ Amount Paid: _____ Registered: _____ Other: _____