

UW Instructional Center Summer 2020 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 12, 2020**.

1. Submit a scanned or electronically filled copy of this form to tjfc2010@uw.edu.
2. Write a check payable to "University of Washington" and write "IC Summer Class" ON THE CHECK.
3. Mail the check to:
 - University of Washington
 - Office of Minority Affairs & Diversity
 - Fiscal Office
 - Mary Gates Hall, Suite 306
 - Seattle WA. 98195

If you cannot send the form or pay by check, please contact us at icprep@uw.edu to make other arrangements.
 Refund policy: 100% refund before the course starts, 80% until the end of the first week, NO refunds after the first week.

Course for which you are registering (circle one):	MCAT \$950	PCAT \$950	DAT \$950	LSAT \$750	GRE \$750
--	---------------	---------------	--------------	---------------	--------------

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: 120 124 125 126	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: _____

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: _____