



Summer 2010 Registration Application
STUDY CANADA Summer Institute for K-12 Educators
Experience B.C. from the 5 Themes of Geography to the 2010 Olympics
C/AM 410 (June 20 – June 25, 2010)

REQUIRED Information

For program details contact: tina.storer@wwu.edu / 360-650-7370

Name: <i>Please print</i> (Last, First, M.)		Previous Name:		WWU Student #:	
Mailing Address:			City:	State:	Zip:
Day Phone:		School Phone:		E-mail Address:	
<input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth: M/D/Y		Social Security # (optional):	
Previous application or attendance at WWU: <input type="checkbox"/> No <input type="checkbox"/> Yes, Quarter _____ Year _____		Currently a Washington State resident? <input type="checkbox"/> No <input type="checkbox"/> Yes, from: _____ to _____ Mo/Yr Mo/Yr <i>If you do not indicate dates, you will be classified as a non-resident.</i>		Check one: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. permanent resident <input type="checkbox"/> Non U.S. resident <input type="checkbox"/> Other <i>If you are not a U.S. citizen and live in the U.S., please list your Resident Alien number or country and U.S. visa type along with date granted:</i>	
School Name & Address:			Grade/Subjects Taught:		
			How you learned about this program:		

OPTIONAL Information What race/ethnicity do you consider yourself? Check all that apply. Please specify if you indicate "Other."

Asian American: <input type="checkbox"/> Asian Indian (4A/600) <input type="checkbox"/> Cambodian (4C/604) <input type="checkbox"/> Chinese (4C/605) <input type="checkbox"/> Filipino (4K/608) <input type="checkbox"/> Japanese (4J/611) <input type="checkbox"/> Korean (4K/612) <input type="checkbox"/> Vietnamese (4V/619) <input type="checkbox"/> Thai (4T/618) <input type="checkbox"/> Laotian (4L/613)	Pacific Islander: <input type="checkbox"/> Native Guamanian (660) <input type="checkbox"/> Hawaiian (4H/653) <input type="checkbox"/> Samoan (4S/655) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Native American (5N/597) Tribe: Are you an enrolled member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hispanic or Latino origin: <input type="checkbox"/> Mexican/Mexican American/ Chicano (3M/722) <input type="checkbox"/> Cuban (3C/709) <input type="checkbox"/> Puerto Rican (3P/727) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Black/African American (2/870) <input type="checkbox"/> Caucasian or White (1/800/999) <input type="checkbox"/> Aleut (5A/941) <input type="checkbox"/> Inuit (SE/935) <input type="checkbox"/> Multi-racial: _____
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REGISTRATION Information – Deadline is May 1, 2010 (or earlier based on rolling registration):

<i>For Office Use Only</i>			Title	√ Please select one (credit hours or clock hours or neither) Out-of-state teachers should check conversion options locally.			Tuition & Fees
CRN	Subject (Prefix)	Course Number					
	C/AM	410	STUDY CANADA Summer Institute	<input type="checkbox"/> 3 credit hours	<input type="checkbox"/> 40 Clock Hours	<input type="checkbox"/> Neither	\$500
Optional Supplemental Fees – above the \$500 program registration cost.			<input type="checkbox"/> \$400 supplement for a private room only (no companion) <input type="checkbox"/> \$500 supplement for a companion (room, 5 breakfasts and Vancouver-Whistler transportation)				
			TOTAL TUITION & FEES				

I understand that full payment of the course fee is required to reserve my place in the institute and that, in order to withdraw from the course and receive a refund for the course or any supplemental fee, I must send notification to tina.storer@wwu.edu before May 1, 2010.

X _____
 Student Signature Date

PAYMENT INFORMATION (U.S. Funds Only)! Payment must be included at time of registration.

WWU/EESP will send you a receipt & confirmation of registration details upon receipt of registration form and tuition payment.

<input type="checkbox"/> Agency Institutional PO attached <input type="checkbox"/> Check/Money Order payable to WWU <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date: _____ Card Number: _____ Signature: _____	<p style="text-align: center;"><i>Cashier's Office Use</i></p> <input type="checkbox"/> Credit Option: \$500 - Student Accounts <input type="checkbox"/> Clock Hours: ▶ \$ 60 - FSMROH - G151 ▶ \$ 55 - FSPD G105 EPDCLK ▶ \$385 - FSJCAM G153 ENR3DT <input type="checkbox"/> Neither: ▶ \$ 60 - FSMROH - G151 ▶ \$440 - FSJCAM G153 ENR3DT <input type="checkbox"/> Private Room: \$400 - FSJCAM G153 ENR3DT <input type="checkbox"/> Companion: \$500 - FSJCAM G153 ENR3DT
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