WESTERN WASHINGTON UNIVERSITY

Summer 2011 Registration Application

STUDY CANADA Summer Institute for K-12 Educators

A Capital View of Canada: Nations within a Nation

C/AM 410 (July 3 – July 8, 2011)

Program Details Contact: tina.storer@wwu.edu / 360-650-7370

REQUIRED Information

Name: *Please print* (Last, First, M.)		**Previous Name:**	**WWU Student # or SSN (optional):**
Mailing Address:		**City:**	**State:** / **Zip:**
Day Phone:	**School Phone:**	**E-mail Address:**	
☐ **Female** ☐ **Male**	**Date of Birth: M/D/Y**	**Social Security # (optional):**	
Previous application or attendance at WWU: ☐ **No** ☐ **Yes, Quarter** _____ **Year** _____	**Currently a Washington State resident?** ☐ **No** ☐ **Yes, from:** _____ (Mo/Yr) **to** _____ (Mo/Yr) *If you do not indicate dates, you will be classified as a non-resident.*	**Check one:** ☐ U.S. citizen ☐ U.S. permanent resident ☐ Non U.S. resident ☐ Other *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:*	
School Name, City & State:		**Grade/Subjects Taught:** **How you learned about this program:**	

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

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

REGISTRATION Information Deadline is May 1, 2011 (or earlier based on rolling registration):

Office Use Only CRN	Subject	Course#	Title	√ Please select one (credit hours or clock hours or neither) *Please choose carefully as once submitted, switching is not possible.*			Tuition/Fees
	C/AM	410	*Summer Institute*	☐ 3 credit hours	☐ 40 Clock Hour	☐ Neither	$500
Optional Supplemental Fees – above the $550 program registration cost.			☐ **$400 supplement for a private room only** (no companion)				
			☐ **$500 supplement for a companion** (room, 5 breakfasts and RT Ottawa-Montréal transportation)				
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I understand that full payment of tuition/fees is required to reserve my place in the institute and that in order to withdraw from the institute and receive a refund I must notify tina.storer@wwu.edu *in writing* before May 1, 2011. Refunds are then subject to a $50 cancellation fee.

Student Signature_____ **Date**_____

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

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

WWU – EESP MS-5293
516 High Street
Bellingham, WA 98225

❒ Agency Institutional PO attached
❒ Check/Money Order payable to WWU
❒ Visa ❒ MasterCard Exp. Date:_____*

Card Number: _____

Signature: _____

***CONFIDENTIAL Fax: (360) 788-0854 (registration payments by credit card)**

Cashier's Office Use

- ☐ **Credit Option – Distribution Details TBD**
- ☐ **Summer Session Fee:** $ 70 FSMROH-G151
- ☐ **Clock Hours:** $ 55 FSPD G105 EPDCLK $375 FSKCAM G153 ENR3DT
- ☐ **Neither**: $430 FSKCAM G153 ENR3DT
- ☐ **Private Room:** $400 FSKCAM G153 ENR3DT
- ☐ **Companion:** $550 FSKCAM G153 ENR3DT

EESP SCS Staff ☐ **Payment Receipted** ☐ **Receipt Sent** ☐ **Entered in Cosmos** ☐ **Copy to Dept** ☐ **Student Acct Transfer: $**

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