

Register by fax (215.717.6538), mail, phone (215.717.6006), in person or online (cs.uarts.edu/pie).



Last _____ First _____ Middle Initial _____

Please enter the registration code from the back of your brochure (if applicable)

Street Address _____ Apt# _____

City _____ State _____ Zip _____ Country _____

Day Phone # _____ Evening Phone # _____ Cell Phone # _____

Email Address _____ Male Female

Social Security # _____ Date of Birth MM/DD/YYYY _____

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself: Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander White

School Name _____ School District _____ Subject(s) _____ Grade _____

School Street Address _____ City _____ State _____ Zip _____

Undergraduate College Attended _____ Degree _____ Graduation Year _____ Subject _____

Graduate Program Attended _____ Degree _____ Graduation Year _____ Subject _____

PA Professional Personal ID# (required for PA certified teachers) _____ Certifications Received _____

I WISH TO REGISTER FOR THE FOLLOWING COURSES:

| Course # | Course Title | Location | Number of Credits | Tuition | Fees |
|----------|--------------|----------|-------------------|---------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TUITION TOTAL \$ _____

TYPE OF DISCOUNT _____
(if applicable)

DISCOUNT AMOUNT - \$ _____

SEE P. 36 FOR A LIST OF ALL DISCOUNTS. Only one tuition discount may be applied to a student's account per semester.

FEE TOTAL + \$ _____

TOTAL CHARGES = \$ _____

Total Payment Enclosed \$ _____

DEPOSIT OPTION
Students may register with a deposit equal to \$50 per course plus fees, all of which are nonrefundable. See p. 35 for details.

NUMBER OF COURSES _____

\$50 x \$ _____

FEE TOTAL + \$ _____

DEPOSIT = \$ _____

By signing here I authorize the balance due to be charged to my credit card 21 days prior to the start of classes.

Signature Date

PAYMENT: Visa MasterCard AmEx Check (only for payment in full) Money Order

Credit Card Number _____ Name on the Card (please print) _____

Expiration Date _____ Security Code _____ Signature _____ Date _____

Yes, this credit card billing address is the same as my home address.
 No, the credit card billing address is: _____
 Street Address _____ City _____ State _____ Zip _____

How did you hear about the Professional Institute for Educators at the University of the Arts?

Current PIE Student Brochure Sent to Home Email Listserv: _____

Recommended by a Colleague Brochure Sent to School Advertisement: _____

UArts Website Internet Search Other: _____

CONSENT: I hereby grant the University of the Arts the right to the use of or to reproduce, exhibit, display, broadcast and distribute photographic, videotaped or other images of myself and / or my artwork, as well as University-related works derived from said images, for use in connection with the activities of the University or for promoting, publicizing, or explaining the University or its activities. This grant includes without limitations, the right to publish such images as public relations/promotional materials such as marketing and admissions publications, advertisements, fundraising materials, and any other University-related publications. I understand that I will not be compensated for such use. I also understand each student is responsible for observing all regulations in the brochures and website of the Division of Continuing Studies that may affect academic progress, financial obligations, relationships with University authorities, transferability of credits, and acceptance of credits for certification as well as knowing regulations regarding withdrawals, refunds, deadlines, program changes and academic policy.

Signature Date