



**PLEASE TYPE OR PRINT CLEARLY USING BLUE OR BLACK INK**

Use this form to register ONLY for DigiPen Continuing Education courses.  
Do not use this form to apply or register for DigiPen's degree program courses.

Please note:

- **A registration fee of \$35.00 and full payment for courses must accompany this Registration Form.**
- Registrations are first-come, first-served. DigiPen Institute of Technology reserves the right to cancel course with low enrollment.
- **For Summer 2008, classes are scheduled to begin the week of May 26<sup>th</sup> and will finish the week of July 28<sup>th</sup>.**
- **Application deadline for Summer 2008 session is Friday, May 16, 2008.** Late enrollments are accepted if there is room.
- You will receive a registration confirmation admitting you to class.
- If you wish to cancel your registration for a course, you must provide written notice to DigiPen. DigiPen follows the refund policy below (*the full policy for cancellation and refund is outlined in the DigiPen Continuing Education Catalog*):

<b>If the student completes this amount of training:</b>	<b>DigiPen will keep this portion of the tuition cost:</b>
First week (10% of course)	\$95.00
Second Week (20% of course)	\$250.00
Third through Fifth week (30%-50% of course)	\$500.00
More than fifth week (50%+ of course)	\$995.00

**Personal Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Telephone number: (\_\_\_\_) \_\_\_\_\_

Evening Telephone number: (\_\_\_\_) \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Level of Education Completed (High School/GED/College/University): \_\_\_\_\_

**Emergency Contact**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Relation: \_\_\_\_\_

Street and number: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Telephone number: (\_\_\_\_) \_\_\_\_\_

Evening Telephone number: (\_\_\_\_) \_\_\_\_\_

**Continuing Education Courses**

Course Code	Course Title	Course Tuition
<b>DigiPen Student/Graduate Discount (\$400.00/course)</b>		
<b>Registration Fee</b>		<b>\$35.00</b>
<b>Total</b>		

**Method of Payment**

- Check in U.S. funds, payable to DigiPen Institute of Technology (Returned checks are subject to a \$25 fee)
- Credit Card *If paying by credit card, you may register by phone at (425) 629-5036 or by faxing this form to (425) 558-0378.*

**Credit Card Authorization**

Please mark:    Visa    MasterCard    Discover    American Express

Card Number:       -     -     -

Expiration Date:(mm)/(yy) \_\_\_\_\_ / \_\_\_\_\_   Card ID #:       Amount to be charged: \$     .

Card Holder's Name: \_\_\_\_\_   Student Name: \_\_\_\_\_  
(as shown on the card)

Card Holder's Address: \_\_\_\_\_   Apt/Suite# \_\_\_\_\_  
 City: \_\_\_\_\_   State: \_\_\_\_\_   ZIP: \_\_\_\_\_  
 Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

Mail to:   Attn: A/R  
 DigiPen Institute of Technology  
 5001-150th Ave. NE  
 Redmond, WA 98052

Fax to: (425) 558-0378  
 For questions, Call: (425) 558-0299   Toll Free:(866) 478-5236

You may mail or drop off your registration and payment) to:      DigiPen Institute of Technology  
 Continuing Education  
 5001-150<sup>th</sup> Ave. NE  
 Redmond, WA, 98052  
 Phone (866) 478-5236

**By signing this Registration Form, I acknowledge that all of the information presented is correct**

Signature of Applicant: \_\_\_\_\_      Date: \_\_\_\_\_