

SCHOOL of CONTINUING and PROFESSIONAL STUDIES

CLASS REGISTRATION FORM

		I									
Section O	NE: PERSC	NAL INFOR	MATION All fields	s are required.							
First Name			Middle Initial Las		Birthdate MM/DD/YY						
Mailing Address	SS		City	State/Province ZIP							
Daytime Telepl	none			Email Address							
Section T	wo. Ci ass	S ENDOLL MI	CNT								
Class	Class	Instruction	EN I		Units/Credit Hours						
Number	Section	Mode	Course Title		(n/a for noncredit)	Tuition	Fees	Total			
						T	OTAL				
0 75	.										
Section T	HREE : P AY	MENT		O Sponsor/Emplo	oyer						
Vou must sele	ct your form of	navment		If you are requesting that							
_	Money Ord			authorization or Purchase Order must be noted on the online Visiting Student Form and this form. You are responsible for any fees associated with your class enrollment. You will be billed for unpaid tuition and/or fees in the event of default by your sponsor/employer or failure to meet the sponsor/employer criteria. A letter of authorization must be on company letterhead and include student name, class title, and tuition, along with a contact person, billing name, address, phone number, and email. An authorization signature and tax ID must be included. Letters must be submitted to SCPS Registration and Enrollment Services no later than seven calendar days before the first day of class. O Check from Business/Organization O Credit Card from Business/Organization							
			heck or money order payable d be noted on your payment.								
It is preferred	that you mail yo	our payment to U	JVA/SCPS, PO Box 400764,								
Charlottesville	e, VA 22904-47	64, Attention: F	inancial Operations.								
O e-Chec	k or Credit	Card									
			or savings account) and Credit								
Card payment	s can only be co	ompleted through	the Student Information System								
Visiting Stude	ent Form reques	ting permission t	ne payment system. Once your to enroll has been received and s received and processed, you can	(Sponsor/employer payments made by credit card will be done by contacting the University's Accounts Receivable Department). O Purchase Order							
access SIS to p or MasterCard	oay by e-Check l. With UVAPa	or Credit Card u y, all credit card _I	sing American Express, Discover, payments are processed by a credit there are no service fees for								
	epted. VISA's as	sociation rules wil	l not permit the credit card processor	Name of Business/Organization							
to charge a perc	entage service fee		re UVA to charge the same fee for	Address							
			in person. This process ensures the	7 radic22							
		maae by phone or dit card informati		Contact Name	Cont	act Phone Nu	ımber				

Contact Email

Tax ID#



SCHOOL of CONTINUING and PROFESSIONAL STUDIES

Tuition Rates

For FALL 2019, SPRING 2020, and SUMMER 2020

Course Type		In-State Rates					OUT-OF-STATE RATES					
		Credit Hours					Credit Hours					
	1	2	3	4	5	6	1	2	3	4	5	6
Undergraduate		884	1326	1768	2210	2652	442	884	1326	1768	2210	2652
Graduate		1082	1623	2164	2705	3246	541	1082	1623	2164	2705	3246
Active Duty Military (Online Undergraduate)		500	750	1000	1250	1500	250	500	750	1000	1250	1500
K12 Educators (Degree and non-Degree)*		730	1095	1460	1825	2190	750	1500	2250	3000	3750	4500

Noncredit Tuition - see online catalog for tuition and fees. www.scps.virginia.edu

*The University of Virginia offers a special professional development credit course tuition rate to students who are currently employed full time by a preK-12 Virginia public school system, an accredited Virginia private school system, or a Virginia licensed preK-12 residential school. Qualifying students are eligible for the special rate for up to six credit hours per semester.

DROP/REFUND REQUEST

Please see our website for the most up-to-date policy, and refund schedule. Drops/refund requests are completed online.

FEES

Board Approved Fees

Mandatory Comprehensive Fee

CONTACT INFORMATION

SCPS Registration & Enrollment Services

TOLL FREE: 1.800.346.3882

LOCAL: 434.982.5252 FAX: 434.982.5324

EMAIL: SCPSregistration@virginia.edu