

Online Course Agreement Form
ACADEMIC YEAR 2016-2017

Student Name: _____		
<i>(last)</i>	<i>(first)</i>	<i>(middle initial)</i>
Last Four Digits of SSN: XXX - XX - _____		UW Student ID #: _____

I am taking the following online courses through UW Professional & Continuing Education (PCE):

Course Name and SLN#: _____ Credits: _____

Course Name and SLN#: _____ Credits: _____

Course Name and SLN#: _____ Credits: _____

I am taking these courses during the _____ quarter and I am a UW student in good academic standing.

I understand that I must begin the coursework instruction prior to the disbursement of my aid. I also understand that I must successfully complete the course(s) stated above by the end of the quarter for which I received aid in order to meet the satisfactory academic progress requirements.* If I am unable to successfully complete the course(s), even if special arrangements have been made with my instructor(s), I understand I may not be entitled to continue to receive financial aid. I also understand that if I do not begin the coursework instruction prior to the disbursement of my aid for the quarter above, I may not be entitled to the financial aid that was disbursed to me and I may need to repay some or all that was disbursed to me.

I have read and agree to the conditions stated above.

Student Signature: _____ Date: _____

* Please review the UW academic calendar for the dates of instruction for the particular quarter that you are registered for an online course: <http://www.washington.edu/students/reg/calendar.html>