

# TESL 532: Differentiated Instruction Across the Curriculum for English Language Learners

**REGISTRATION FORM 2012-2013**

REQUIRED REGISTRATION FORM (all three forms are required)

1. Registration Form
2. Biographic and Demographic Information for Non-degree Students
3. Virginia In-State Tuition Application

Once registered with the University of Mary Washington as a Graduate Non-Degree student, you must adhere to the Office of the Registrar guidelines. Non-attendance or notifying the instructor or staff does NOT constitute a cancellation/withdrawal with the University. Questions about completing the proper paperwork to officially drop the course can be directed to:

Elizabeth Sanders  
Phone: 540/286-8031  
Email: [esanders@umw.edu](mailto:esanders@umw.edu)

**Note: Dropping or Withdrawing from the course must be made directly with The Registrar's Office at the University of Mary Washington by the student no later than October 12, 2012.**

TRANSCRIPTS for completed courses may be requested at the end of the semester. The request form is located at [www.umw.edu/registrar/transcripts](http://www.umw.edu/registrar/transcripts).

NAME\* \_\_\_\_\_ DATE \_\_\_\_\_

SSN/TAXPAYER IDENTIFICATION NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

BANNER ID NUMBER (if known) \_\_\_\_\_

MAILING ADDRESS\* \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
Street

\_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
City State ZIP code

SCHOOL SYSTEM \_\_\_\_\_ EMAIL \_\_\_\_\_

\*If this mailing address or name is different from previous registrations, a completed Address/Name Change Form must be submitted before your record can be updated in the UMW Registrar's database. Download the form at [umw.edu/registrar/docs/address0910.pdf](http://umw.edu/registrar/docs/address0910.pdf), or call 540/654-1290 to receive the form by fax.

Course Registration Number (CRN)	Place an X	Discipline	Course No.	Sect.	Title of Course	CR	Course Dates
84163		TESL	532	01	Differentiated Instruction across the Curriculum	3	9/29, 10/13 online, 10/27, 11/03 online, 11/17, 12/1
<b>Stafford</b>					For English Language Learners		
84164		TESL	532	02	Differentiated Instruction across the Curriculum	3	9/29, 10/13 online, 10/27, 11/03 online, 11/17, 12/1
<b>Nottoway</b>					For English Language Learners		

SIGNATURE: \_\_\_\_\_

# BIOGRAPHIC AND DEMOGRAPHIC INFORMATION FOR NON-DEGREE STUDENTS



TERM \_\_\_\_\_  
NAME \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

## ADDRESS INFORMATION

Current mailing address \_\_\_\_\_  
Billing address (**Note:** This is the person to whom additional charges should be billed) \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ (mo/day/yr) Place of birth \_\_\_\_\_ Sex  M  F

### DEMOGRAPHIC INFORMATION:

**Note:** This information in the demographic section is optional. Answers to these questions will not be used in a discriminatory manner. Your cooperation is appreciated.

- Are you Hispanic/Latino?  Yes, Hispanic or Latino (including Spain)  No  
Regardless of your answer to the prior questions, please select one or more of the following ethnicities that best describe you:  
 American Indian or Alaska Native (including all Original Peoples of the Americas)  
 Asian (including Indian subcontinent and Phillipines)  
 Black or African American (including Africa and Caribbean)  
 Native Hawaiian or Other Pacific Islander (Original Peoples)  
 White (including Middle Eastern)

**DOMICILE:** Do you wish to claim tuition rates based on Virginia Domicile?  Yes  No

If yes, in which Virginia county or city are you a resident? \_\_\_\_\_  
You must complete the **Virginia In-State Tuition Form** and submit it with this form.

**ACADEMIC INFORMATION:** Have you attended the University of Mary Washington before?  Yes  No

If yes, please list dates of attendance: \_\_\_\_\_

Are you a high school student?  Yes  No

Which college/division are you attending?  College of Arts and Sciences  College of Business  College of Education  
 Professional Development and Regional Engagement

Are \_\_\_\_\_ you an undergraduate or graduate student?

Are \_\_\_\_\_ you seeking relicensure or recertification?

What courses are you taking? \_\_\_\_\_

Have you been accepted as a degree-seeking student at Mary Washington for the fall semester?  Yes  No

Have you attended another institution during the past calendar year?  Yes  No

If yes, do you attest that you have earned at least a 2.0 grade point average and that you are/were in good academic standing?  Yes  No

List the name of institution and dates of attendance: \_\_\_\_\_

Please read and sign the Honor Pledge, Arrangements Agreement, and Citizenship Statement on the right side of this form. Also, you will need to complete a transcript request in the Office of the Registrar, Lee Hall, Rm. 206, to have your transcript sent to your home institution at the conclusion of the term.

Please read the UMW Education Records policy at [www.umw.edu/registrar/ferpa\\_policies\\_procedures/ferpa\\_educational\\_records2.php](http://www.umw.edu/registrar/ferpa_policies_procedures/ferpa_educational_records2.php)

## HONOR PLEDGE:

Your registration as a student at the University of Mary Washington is not complete without your signature affixed to the Honor Pledge below. The Honor Pledge applies to every student enrolled at the University. Every student is required to sign the Honor Pledge as part of the application process.

I, as a student at the University of Mary Washington do hereby accept the Honor System. I have read the Honor Constitution, understand it, and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying facts.

I acknowledge that, in support of the Honor System, it is my responsibility to report any violations of the Honor Code of which I am aware, and that it is my duty to participate as an honor trial juror if called upon to serve, unless officially excused. I realize that, in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable, and that such a violation could result in my permanent dismissal from the University. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

\_\_\_\_\_  
*Student Signature*

## ACADEMIC AND FINANCIAL ARRANGEMENTS AGREEMENT:

I understand that this registration is subject to all terms and conditions, financial and otherwise, set forth in the current Academic Catalog and other official documents.

Further, I accept all terms and conditions, financial and otherwise, which are in effect during the entire period of my enrollment at the University. I agree that, in the event of default of payment in any form, I am responsible for penalties as published by the university and for all reasonable administrative costs, collection fees, or attorney's fees incurred in the collection of whatever funds are due.

\_\_\_\_\_  
*Student signature (or parent/guardian if student is under 18 at the time of registration)*

**CITIZENSHIP:** \_\_\_\_\_ of \_\_\_\_\_ Citizenship

If not a United State Citizen, please indicate

permanent resident  visa holder

If visa holder, indicate type \_\_\_\_\_



# Application for Virginia In-State Tuition Rates

This form should be completed if you are claiming entitlement to Virginia's in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested.

## Section A - Student Information

1) Name of applicant \_\_\_\_\_  
Last First Middle

2) Social Security Number (optional) \_\_\_\_\_ 3) Date of birth \_\_\_\_\_

4) How long have you lived in Virginia? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

5) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address City State Zip code From To

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6) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address City State Zip code From To

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7) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent?  Yes  No

8) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?  Yes  No  
 b.) If Yes, does your spouse provide more than 50% of your financial support  Yes  No

9) Do any of the following characteristics apply to you?  
 Place a check beside all that apply.  
 Age 24 or older as of the first day of the term in which you intend to enroll  
 Veteran or active duty member of the U.S. Armed Forces  
 Graduate or first-professional student  
 Ward of the court or was a ward of the court until age 18  
 If both parents are deceased, no adoptive or legal guardian  
 Legal dependents other than a spouse

10) In the last tax year did you file a state return to any state other than Virginia? If yes, please explain: \_\_\_\_\_  Yes  No

11) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? If no, please explain: \_\_\_\_\_  Yes  No

12) Are you a registered voter in Virginia?  Yes  No  
 Date registered \_\_\_\_\_ Original \_\_\_\_\_ Re-registered \_\_\_\_\_

13) Do you hold a valid Virginia driver's license?  Yes  No  
 Date issued \_\_\_\_\_ Original \_\_\_\_\_ Renewal \_\_\_\_\_  
 If no, indicate your driver's license status:  
 Hold in another state \_\_\_\_\_ Not licensed \_\_\_\_\_

14) Did you own or operate a motor vehicle registered in Virginia during the last year?  Yes  No

If no, indicate registration status:  
 Registered in another state \_\_\_\_\_  
 Did NOT own or operate a motor vehicle \_\_\_\_\_

15) Are you or your spouse an active duty member of the U.S. armed forces?  Yes  No  
 If No, continue to Question 16.

If yes, who is a member: self \_\_\_\_\_ spouse \_\_\_\_\_  
 and answer the following:

a.) Are Virginia income taxes paid on all military income?  Yes  No  
 If yes, as of what date? \_\_\_\_\_  
 Where were you stationed on that date? \_\_\_\_\_  
 Please submit a copy of the most recent Leave and Earnings Statement.

b.) If you are in the military, or if your spouse is, are you assigned to a Permanent Duty Station in Virginia?  Yes  No  
 If yes, as of what date? \_\_\_\_\_  
 Where are you stationed?  
 Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.

16) Answer this question only if you live outside Virginia but work in Virginia: Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, and paid Virginia income taxes on all taxable income earned in this Commonwealth, for at least one year prior to the term in which you will enroll?  Yes  No  
 If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

over, please

## Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the twelve months immediately preceding the first day of classes, provided more than half of the applicant's financial support.

1) Name of  parent  legal guardian  spouse  \_\_\_\_\_

2) Citizenship  U.S.  U.S. permanent resident  Non-U.S. Please specify visa type \_\_\_\_\_ Exp. date \_\_\_\_\_ (Please provide copy of I-94)

3) How long have you lived in Virginia? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

4) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address                      City                      State                      Zip code                      From                      To

5) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address                      City                      State                      Zip code                      From                      To                      Full-time/part-time

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| <p>6) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____<br/>_____</p> <p>7) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____</p> <p>8) Will you have provided more than half of the applicant's financial support for at least twelve months prior to the term in which the applicant will enroll?<br/><i>If no, please explain:</i> _____</p> <p>9) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> _____</p> <p>10) Are you a registered voter in Virginia?<br/>Date registered _____ Original _____ Re-registered _____<br/><i>If no, indicate your registration status:</i><br/>Registered in another state _____ Not registered _____</p> <p>11) Do you hold a valid Virginia driver's license?<br/>Date issued _____ Original _____ Renewal _____<br/><i>If no, indicate your driver's license status:</i><br/>Hold in another state _____ Not licensed _____</p> <p>12) Did you own or operate a motor vehicle registered in Virginia during the last year?<br/><i>If no, indicate your auto registration status:</i><br/>Registered in another state _____<br/>Did NOT own or operate a motor vehicle _____</p> | <p>13) Are you or your spouse an active duty member of the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If no, continue to Question 14.<br/>If yes, who is a member: self _____ spouse _____ and answer the following:</i></p> <p>a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><i>If yes, as of what date? _____<br/>Where were you stationed on that date? _____<br/>Please submit a copy of the most recent Leave and Earnings Statement.</i></p> <p>b.) Are you or your active-duty spouse assigned to a Permanent Duty Station in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><i>If yes, as of what date? _____<br/>Where are you stationed? _____<br/>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i></p> <p>14) Answer this question only if you live <i>outside</i> Virginia but work in Virginia:<br/><br/>Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/><br/><i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i></p> |
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I certify that the information I have provided is true.

Signature of parent/guardian

Date