Registration Form

Fire Services Administration

WESTERN OREGON UNIVERSITY

INSTRUCTIONS: **Complete Items 1-15**

1 Name _____ (Last / First / M.I.) **2** E-mail: _____

3 Term you plan to take course:
Summer 200___ Fall 200___ Winter 200___ Spring 200___

4 Address: _____ (Street / Apt. No. / City / State / County / ZIP)

5 Gender* ❑ Male ❑ Female
Date of Birth* _____ mo/day/yr

Ethnic Group:*
- ❑ White, European American, Non-Hispanic
- ❑ Black, African American, Non-Hispanic
- ❑ American Indian or Alaskan Native
- ❑ Asian American
- ❑ Decline to respond
- ❑ Pacific Islander
- ❑ Hispanic
- ❑ Middle Eastern
- ❑ North African
- ❑ None of the above. Please write ethnic/racial identification you use.

*Optional and for use by WOU only for processing purposes.

6 Is this a new address? ❑ Yes ❑ No **7** Home Phone _____-_____-_____ **8** Day Phone _____ - _____-_____

9 Do you have a baccalaureate (four year undergraduate) degree? ❑ Yes ❑ No

10 WOU "V" number (or Social Security number*)

11 Other names used at WOU _____

12

Course Reference Number (i.e., 11234)	Prefix and Course Number (i.e., Ed 101)	Course Title	Number of Credits	Grading Method (Check one) A-F	Grading Method (Check one) P/NC	Instructor	Tuition	Books	Total

Submission of this form to the Fire Services Adlministration Office obligates you to pay tuition and receive grades. Total Due _____

13 **Method of Payment**
- ___ Bill me
- ___ Check, payable to WOU
- ___ Financial Aid (Mark only if you applied for aid for the term you indicated, above.)
- ___ Purchase order (please attach copy) P.O. # _____
  - Agency _____
  - Billing address _____
  - Contact person _____
- ___ ___ Visa ___ MasterCard ___Discover
  - Card # _____ Exp. _____
  - V code ____ (on card back, the last three numbers printed in signature bar)
  - Printed name _____
  - Signature _____
  - If credit card charge is authorized by someone other than the cardholder:
  - Relationship _____ Phone _____
  - Address _____

14 **International student**:
Please obtain the signature of the director of International Students and Scholars Affairs prior to submitting this form.

_____
Signature of Director Date

15 **To the best of my knowledge, the information I have provided is true and accurate.**

_____
Signature is required for registration to be processed. **Date**

Please return this form to:
Fire Services Administration Office
Western Oregon University
345 N. Monmouth Ave.
Monmouth, OR 97361

503-838-8690 or
800-451-5767 v/tty
Fax: 503-838-8473
Campus location: UPCC Unit A

Refund policy:
www.wou.edu/provost/extprogram/refundpolicies.htm

THIS AREA FOR OFFICE USE ONLY

Account Detail Code	Amount
TOTAL	$

Check	
TCRD (Purchase Order)	
Currency	
VISA/MC/ Discover	
Total Received	
Total Due	

Tuition receipt certified by _____

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