

Registration Form

INSTRUCTIONS: Complete Items 1-16

Division of Extended Programs



<p>1 Name _____ <small>Last First M.I.</small></p> <p>2 E-mail: _____</p> <p>4 Address: _____ <small>Street Apt. No. City State County ZIP</small></p> <p>6 Is this a new address? <input type="radio"/> Yes <input type="radio"/> No</p> <p>7 Home Phone _____ - _____ - _____</p> <p>8 Day Phone _____ - _____ - _____</p> <p>9 Do you have a baccalaureate (four year undergraduate) degree? <input type="radio"/> Yes <input type="radio"/> No If yes, from: _____</p> <p>Have you ever enrolled at WOU? _____ (Term/year)</p>	<p>3 Term you plan to take course: Summer 20__ Fall 20__ Winter 20__ Spring 20__</p> <p>5 Gender <input type="radio"/> Male <input type="radio"/> Female</p> <p>Date of Birth _____ <small>mo/day/yr</small></p> <p>Place of Birth _____</p> <p>To comply with federal statistical reporting requirements, Western Oregon University must ask for the following demographic information. We encourage you to provide the information, but doing so is entirely voluntary, and your application will receive the same consideration whether or not you do. Please answer both questions:</p> <p>1. Are you Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No</p> <p>2. What is your race? Please choose one or more:</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p> <p><input type="radio"/> White (Original people of Europe, the Middle East, or North Africa)</p>	<p>10 WOU "V" number (or Social Security number) _____</p> <p>11 Other names used at WOU _____</p> <p>12 Are you a citizen of the United States of America? <input type="radio"/> Yes <input type="radio"/> No If not, of which country are you a citizen? _____</p> <p>When did your latest continuous stay in Oregon begin? _____ (month/year)</p> <p>Immigrant/Permanent resident number: A- _____ *</p> <p><small>*A photocopy of your residency document needs to be submitted with this form</small></p>																																																				
<p>13</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Course Reference Number (i.e., 11234)</th> <th rowspan="2">Prefix and Course Number (i.e., Ed 101)</th> <th rowspan="2">Course Title</th> <th rowspan="2">Number of Credits</th> <th colspan="2">Grading Method (Check one)</th> <th rowspan="2">Instructor</th> <th rowspan="2">Tuition</th> <th rowspan="2">Other</th> <th rowspan="2">Total</th> </tr> <tr> <th>A-F</th> <th>S/NC</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="9" style="text-align: right;">Total Due</td> <td> </td> </tr> </tbody> </table>			Course Reference Number (i.e., 11234)	Prefix and Course Number (i.e., Ed 101)	Course Title	Number of Credits	Grading Method (Check one)		Instructor	Tuition	Other	Total	A-F	S/NC																															Total Due									
Course Reference Number (i.e., 11234)	Prefix and Course Number (i.e., Ed 101)	Course Title					Number of Credits	Grading Method (Check one)					Instructor	Tuition	Other	Total																																						
			A-F	S/NC																																																		
Total Due																																																						
<p>14 Method of Payment</p> <p><input type="checkbox"/> Bill me</p> <p><input type="checkbox"/> Check (payable to WOU)</p> <p><input type="checkbox"/> Purchase order (attach copy) P.O. # _____</p> <p>Agency _____</p> <p>Billing address _____</p> <p>Contact person _____</p> <p><input type="checkbox"/> MasterCard or E-check - online only at: http://www.wou.edu/fnfpayment</p> <p>Western Oregon University currently accepts only MasterCard.</p> <p>For registration status, grades, unofficial transcripts, and more, visit our Frequently Asked Questions webpage: www.wou.edu/depstudent</p>	<p>15 International student: Please obtain the signature of the director of International Students and Scholars Affairs prior to submitting this form.</p> <p>_____ Signature of Director</p> <p>_____ Date</p>	<p style="text-align: center;">THIS AREA FOR OFFICE USE ONLY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Account Detail Code</th> <th>Amount</th> <th>Check</th> <th></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>TCRD (Purchase Order)</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>Currency</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>VISA/MC/Discover</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>Total Received</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>Total Due</td> <td> </td> </tr> <tr> <td>TOTAL</td> <td>\$ _____</td> <td></td> <td></td> </tr> </tbody> </table> <p>Tuition receipt certified by _____</p>	Account Detail Code	Amount	Check				TCRD (Purchase Order)				Currency				VISA/MC/Discover				Total Received				Total Due		TOTAL	\$ _____																										
Account Detail Code	Amount	Check																																																				
		TCRD (Purchase Order)																																																				
		Currency																																																				
		VISA/MC/Discover																																																				
		Total Received																																																				
		Total Due																																																				
TOTAL	\$ _____																																																					
<p>16 Submission of this form to the Division of Extended Programs obligates you to pay tuition and you will receive a grade. To the best of my knowledge, the information I provided is true and accurate.</p> <p>_____ Signature is required for registration to be processed.</p> <p>_____ Date</p>																																																						