

PLEASE PRINT

WESTERN OREGON UNIVERSITY

Summer Session Registration

ADD/DROP FORM

V# or SSN _____ Date of Birth _____ Sex ____ M ____ F

Print Name _____
Last First MI Former

Permanent Address _____
Number and Street or P.O.

City _____ County _____ State _____ Zip Code _____

Phone Number _____ Home _____ Work / Cell _____ @wou.edu
WOU E-mail Address Only

Have you previously attended WOU? Yes ____ No ____ if yes, when _____

Do you have a baccalaureate degree? Yes ____ No ____

Have you lived in Oregon the past twelve (12) months? Yes ____ No ____

Are you a U.S. citizen? Yes ____ No ____ if no, please indicate country of citizenship _____

In order to comply with the state and federal requirement related to enrollment by ethnic group, each student is requested (response is voluntary) to self-identify the ethnic tradition which the student believes best characterizes his/her cultural orientation. Please enter the appropriate code in the box to the left B=Black/African-American, I=American Indian/Alaskan Native, A=Asian, P=Pacific Islander, H=Hispanic, W=White/Euro-American, O=Other, X=Multiple, D=Decline to Respond

ADD:

CRN Prefix Course No Credits

Grading Method (Check One)		
A-F	S/NC	Audit
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor Signature

DROP: TOTAL _____

Overload approval form is required if total credits exceed 12 (undergraduate) or 9 (graduate). Please refer to the Schedule of Classes for tuition payment deadlines and other important dates.

Check here if you have a documented disability that requires academic accommodations. The Office of Disability Services will contact you.

Signature: _____ Date _____

(Required)

FAX TO (503) 838-9696