Summer Registration Form (All Fields REQUIRED)

Last Name   First Name       Middle Name  Date of Birth

Number and Street Address   City   State  Zip Code

E-mail Address   Daytime Telephone Number  Cell Phone Number

Place of Birth (City/State)   Country of Citizenship

Gender: □ Male   □ Female

Social Security Number  WU Student ID (if applicable)

□ Black/Non-Hispanic Origin   □ American Indian or Alaskan
□ Hispanic   □ Non- Resident Alien  □ Asian or Pacific Islander
□ Multi-Racial/Check All That Apply   □ White/Non-Hispanic
□ No Response

Course #  Grade Option* (Audit, Credit)  Course Title

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

*Tuition is the same regardless of grade option

Signature         Date

Send to:
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