



Extended Education
 Professional Studies
 Registration 2011-12

Spring 2011

Required Information

Name: <i>Please print</i> (Last, First, M.)		Previous Name:	WWU Student #:	
Mailing Address:		City:	State:	Zip:
Day Phone:	Home Phone:	E-mail Address:		
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: M/D/Y	Social Security # (optional):		
Previous application or attendance at WWU? <input type="checkbox"/> No <input type="checkbox"/> Yes, Quarter _____ Year _____	Are you currently a Washington State resident? <input type="checkbox"/> No <input type="checkbox"/> Yes, from: _____ to _____ <small>Mo/Yr Mo/Yr</small>	Check one: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. permanent resident <input type="checkbox"/> Non U.S. resident <input type="checkbox"/> Other If you are not a U.S. citizen and live in the U.S., list Resident Alien number or country and U.S. visa type along with date granted:		

Registration Information:

CRN	Subject (Prefix)	Course Number	Credits	Course Title	Tuition \$50/credit
14452	CSD	597b	2	Professional Development in CSD	\$100

X _____
 Student Signature Date

***YOU ARE INCURRING A LEGAL DEBT!** I understand that by submitting this form, I am incurring a legal debt to WWU and will not be released from that debt unless I follow required schedule change procedures and deadlines. It is my responsibility to obtain information regarding University registration/withdrawal policy.

PAYMENT INFORMATION (U.S. Funds Only)! Payment must be included at time of registration. WWU/EESP will send you a receipt upon receiving a completed registration form and tuition payment.

<input type="checkbox"/> Agency Institutional PO attached <input type="checkbox"/> Check/Money Order payable to WWU <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date: _____ Card Number: _____ Signature: _____
--

FOR OFFICE USE ONLY
<input type="checkbox"/> Graduate School <input type="checkbox"/> Holds

Western Washington University
Extended Education ♦ (360) 650-3308
516 High Street ♦ Mail Stop 9102 ♦ Bellingham, WA 98225
CONFIDENTIAL FAX : (360) 788-0854 (registrations with credit card payments only)