

Outreach & Continuing Education

Degree & Certificate Programs Non-Matric / Visiting Students Registration Form

Graduate Program:

Fall
Winter
Spring
Summer

Year _____

□ 1. Required Information

Name: Please print	(Last, First, M.)	Previous Name:		WWU Student #:			
Mailing Address:		City:		State:	Zip:		
Phone:	Email:	Female	Date of Birth:	Social Security (i	f no W#) optional		
		Male					
□ No □ Yes Have you ever been convicted of a violent, weapons-related offense; drug-related offense; required to register as a sex offender by any legal authority within the U.S.; or are there any felony charges pending against you at this time? If you answered yes, include a letter of explanation with this form. If circumstances arise in the future that render your answers to the above question inaccurate, misleading or incomplete, you must provide the Registrar's Office with updated information.							
Previous application or attendance at WWU?	Are you currently a Washington State resident?		U.S. citizen Non U.S. resider	U.S. permane	nt resident		
D No Yes	 No Yes, from: to <i>*You will be classified non-resident if you fail</i> to provide dates 		U.S. citizen and live i . visa type along with	in the U.S., list Resider a date granted:	nt Alien number or		

2. Registration Information - Site: Bremerton Seattle Tacoma Everett

CRN	Subject (Prefix)	Course Number	Course Title	Cr	Tuition & Fees vary by Program and Site. Consult Site Staff for cost.

□ 3. Registration Requirement – Obtain departmental signature or attach e-mail: _

□ 4. Measles Requirement Western has a commitment to the health and safety of all members of our campus community and has implemented the following policy regarding proof of measles (rubeola) immunity for all new students and returning students who haven't yet met the requirement. If you were born on or after January 1, 1957, you MUST complete the <u>Measles Immunity Report Form</u>. Persons born prior to January 1, 1957 need not comply with this requirement as you are considered to be naturally immune due to exposure to the disease early in your life.

For more information visit the Student Health Center website at: https://studenthealth.wwu.edu/

□ 5. Student Signature_

Date

YOU ARE INCURRING A LEGAL DEBT! I understand that, by registering, I am incurring a legal debt to Western Washington University and will not be released from that debt unless I follow required schedule change procedures which must be submitted on the appropriate form in writing. In addition, it is my responsibility to obtain University policy information regarding registration and tuition payment deadlines.

□ 6. Payment Information (U.S. Funds Only)! Payment is due by the first day of the quarter.

▼ ▼ ▼ Payr	FOR STAFF/OFFICIAL USE ONLY	
☐ Check/Money Order payable to: Mail to this address → Note: Write W# on check	Western Washington University WWU SBO, Mail Stop 9004 516 High Street Bellingham, WA 98225	Matriculated Student: Yes No If yes, reason for paper registration: site <i>staff initials</i>
E-Check Payments may be mad		
American Express/Discover/Ma	Graduate School Holds (SOAHOLD) Measles (PPACERT)	
** Students can access Web4U fr ► E-mail scan	Registrar/Banner Input Complete:	