



Outreach & Continuing Education

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

- Fall
- Winter
- Spring
- Summer

Year _____

1. Required Information

Undergraduate Program:

Name: <i>Please print</i> _____ (Last, First, M.)		Previous Name: _____		WWU Student #: _____	
Mailing Address: _____		City: _____		State: _____ Zip: _____	
Phone: _____		Email: _____		<input type="checkbox"/> Female <input type="checkbox"/> Male	
		Date of Birth: _____		Social Security (if no W#) optional _____	
<input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you currently a Washington State resident? <input type="checkbox"/> No <input type="checkbox"/> Yes, from: _____ to _____ <i>*You will be classified non-resident if you fail to provide dates</i>		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:	

2. Registration Information - Site: Bellingham Bremerton Poulsbo Port Angeles Distance Learning Seattle Everett

CRN	Subject (Prefix)	Course Number	Course Title	<input type="checkbox"/> Online or Days/Time	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 [Measles Immunity Report Form](#). 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. *Note: Online only courses are exempt from this requirement.*

For more information visit the Student Health Center website at: <https://studenthealth.wvu.edu/measles-requirement>

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.

<p style="text-align: center;">▼ ▼ ▼ Payment Methods (\$ U.S. Funds Only): ▼ ▼ ▼</p> <p><input type="checkbox"/> Check/Money Order payable to: Western Washington University Mail to this address → WWU SBO, Mail Stop 9004 Note: Write W# on check 516 High Street Bellingham, WA 98225</p> <p><input type="checkbox"/> E-Check Payments may be made via Western's Web4U** portal.</p> <p><input type="checkbox"/> American Express/Discover/MasterCard credit card payments may be made with CASHNet via Web4U** Note: CASHNet assesses a 2.75% nonrefundable convenience fee for your credit card payments.</p> <p>** Students can access Web4U from Western homepage - http://www.wvu.edu</p>	<p style="text-align: center; font-size: small;">FOR STAFF/OFFICIAL USE ONLY</p> <p>Matriculated Student: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason for paper registration: site staff initials</p> <p><input type="checkbox"/> Holds (SOAHOLD) <input type="checkbox"/> Measles (PPACERT)</p> <p>Registrar/Banner Input Complete:</p>
<p>► E-mail scanned copy to OCE.StudentForms@wvu.edu</p>	