



**Office of the
University Registrar**
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID#
Office Use Only

Soc Sec #: - -

Provided by Student

REGISTRATION – CURRENT HIGH SCHOOL STUDENTS

Instructions: Please complete all information on the form and return to the Registrar’s Office for processing. Upon completion of this form and processing by the Registrar’s Office, you will be enrolled in the selected courses and responsible for making payment. You must contact the Registrar’s Office if you do not plan to attend the course or you will be held liable for payment. **Note: Enrolling into these courses does not guarantee admission to degree candidacy.**

Have you ever applied to West Chester University or completed any coursework at the university? Y N

In Which term do you want to enroll? Fall _____ Spring _____ Summer _____
(Year) (Year) (Year & Session)

Gender: Male Female

Student Name: _____ **Date of Birth:** _____

Street: _____ **Apt.#** _____

City: _____ **County:** _____

State: _____ **Zip:** _____ **Home phone:** (____) _____ - _____

Current resident of PA? No Yes – How long? _____

High School _____ Principal’s Signature _____

Subject & Catalog # (eg. MAT161)	Section	Title	Credits	Time

Statistical Data: (voluntary)

Black (non-Hispanic) White (non-Hispanic) Hispanic Asian/ Pacific Islander Native American Other

Student’s signature/Date (required): _____

- Please understand that this will become your educational record at WCU and accordingly, bound by the Family Education Rights Privacy Act. Information pertaining to your coursework will **only** be released to you, not your parents. For more info on this act: www.wcupa.edu/registrar/ferpa_policy.asp

Office Use Only	
Processed by: _____	Date: _____
Enrollment confirmed with student: <input type="checkbox"/> Y <input type="checkbox"/> N _____	