



Undergraduate Summer Registration for non-WCU students only

Use one form for all three sessions.

Name: _____ Student ID# _____

Student Signature: _____ Phone: _____

Social Security #: _____ - _____ - _____

(for ID purposes only - provide only if Student ID # is unavailable)

Please indicate: Mr. Ms. Mrs. _____ M F

Street Address: _____ Phone: (____) ____ - ____

City: _____ State: _____ Zip: _____ County: _____

Resident of PA? YES - How long? _____ NO

Date of Birth: _____ / _____ / _____ Year of HS graduation : _____
Month Day Year

Student Signature: _____ Date: _____

HIGH SCHOOL STUDENTS are required to have their principal's signature prior to enrollment. _____

Signature of Principal

Date

Note: Admission to summer sessions does not guarantee admission to degree candidacy.

STUDENT Please check as many of the following as apply:

- Graduate of _____ College or University, taking classes for Teaching Certification
- Previously attended WCU; Year _____
- Student at another college or university. Please specify institution: _____
- Taking classes for personal growth

Student: Please refer to course schedule for accurate class abbreviations, numbers and sections.

Incomplete forms may not be processed.

List the courses for which you request to register. Use one form for all three sessions.

Maximum permissible load is seven hours for each 5-Week Sessions and three hours for the Post Session.

SESSION	SUBJ. - CATALOG #	SEC	TITLE	CRED
First 5-Week				
Second 5-Week				
Post				

**Return this form to the Office of the Registrar,
154 E.O. Bull Center, West Chester University, West Chester, PA 19383
before the end of the Add period.**

Refer to course schedule for last day to add.