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

UNDERGRADUATE REGISTRATION

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

What term do you want to register?

☐ Fall _____ (Year) ☐ Spring _____ (Year) ☐ Summer _____ (Year & Session) ☐ Winter _____ (Year)

Gender: ☐ Male ☐ Female

Student Name: _____ Date of Birth: _____

Street: _____ Apt.# _____

City: _____ County: _____

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

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

Term/ Session	Subj & 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, is 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*

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Processed by: _____ Date: _____

Enrollment confirmed with student: ☐ Y ☐ N _____