

COURSE REGISTRATION FORM

Credit Overlay Program



Please EMAIL completed form to partnerships@wou.edu

Contact Information

Name: _____
Last First M.I.

Email: _____

Have you ever enrolled at WOU? YES NO Prior name(s) _____

Address: _____
Street City State Zip

Daytime Phone #: _____ Evening Phone #: _____

Enrollment Information

WOU "V" Number (or SSN): _____

Course: 1463 ED 638 Superquest VEX Robotics
(CRN) Subject/ Number Course Title

Course: _____
(CRN) Subject/ Number Course Title

Do you have a Bachelor's Degree? YES NO If Yes, from: _____

Demographic Information

Are you a citizen of the United States? YES NO If not, which Country? _____

Immigrant/ Permanent Resident number: A- _____

Gender: Female Male Other Date of Birth: _____ Are you Hispanic or Latino?* YES NO

What is your Race? (choose all that apply)*
 American Indian / Alaskan Native Asian Black / African American Native Hawaiian / Pacific Islander White

Are you an Oregon Resident? YES NO Start date of current Oregon Residence _____
MM/YYYY

Certification

I understand that submission of this form a) will result in charges on my account; b) cancellations are NOT permitted regardless of attendance; c) late registrations are not permitted; exceptions to these policies are subject to academic petition to the Registrar.

To the best of my knowledge, the information I provided is true and accurate.

Signature

Date