



# Washington University in St. Louis

## UNIVERSITY COLLEGE IN ARTS & SCIENCES

Mail to: Registration, University College, Campus Box 1064, Washington University, One Brookings Drive, St. Louis, MO 63130-4899, or fax to (314) 935-6744. Payment must accompany registration form.

You are registering for:  Fall  Spring  Summer Year \_\_\_\_\_

### REGISTRANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Washington Univ. Student ID # \_\_\_\_\_ OR Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
You must include Soc Sec # if registering for the first time

Email: \_\_\_\_\_

Local Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Telephone with A/C Cell or Home Telephone number with A/C Work Telephone number with A/C

Gender:  Male  Female (Check one) Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State/Country: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Employer's City, State and ZIP: \_\_\_\_\_

Are you receiving tuition assistance from this employer?  Yes  No

### DEMOGRAPHIC INFORMATION

Please indicate your race & ethnicity using the following categories. You may **check one or more** items as appropriate:

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- American Indian or Alaska Native** A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment
- Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Please indicate your U.S. Citizenship or Immigration status (**check one**):

- U.S. Citizen**
- Permanent Resident or Resident Alien**  
(A person who is not a citizen or national of the United States but who has been admitted as a legal immigrant for the purpose of obtaining permanent resident alien status (and who holds either an alien registration card (Form I-551 or I-151), a Temporary Resident Card (Form I-688), or an Arrival-Departure Record (Form I-94) with a notation that conveys legal immigrant status such as Section 207 Refugee, Section 208 Asylee, Conditional Entrant Parolee or Cuban-Haitian).
- Nonresident Alien**  
(a person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely). **Visa type:** \_\_\_\_\_

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PREVIOUS EDUCATION**

Have you previously attended Washington University? (check one)  Yes  No

**If Yes**, indicate university division: \_\_\_\_\_ Semester and year last attended: \_\_\_\_\_ YEAR

**If No**, have you applied for admission?  Yes  No If Yes, which division? \_\_\_\_\_

Have you ever been admitted to a University College degree or certificate program?  Yes  No

If **Yes**, check one:  Certificate  AA  BS  MLA  MA  MS  MHS

Area of concentration: \_\_\_\_\_

Last college or high school attended: \_\_\_\_\_ Date \_\_\_\_\_

**COURSE INFORMATION**

Courses				Grade Option		Approvals		Tuition & Fees	
Dept.#	Course #	Sect.#	Department Name	ABC Grade	Pass/Fail	Audit	Instructor Signature	Tuition	Fees
								\$	\$
								\$	\$
								\$	\$
SUB TOTAL								\$	
Dean/Advisor Approval				Date				Late Fee:	\$
<b>TOTAL AMOUNT DUE:</b>								\$	

**METHOD OF PAYMENT**

Select All That Apply:		Employer Assist	\$	Remission	\$
Cash	\$	Financial Aid	\$	WU Employee	\$
Check	\$	Scholarship	\$	Over 60	\$
Credit Card	\$	Third Party Bill	\$	Spousal	\$

FOR OFFICE USE ONLY			
Division		RV#	
MP		IDT	
Checked By		Date	
Misc.Code:			

**For Credit Card Payments**

If you want to use a Credit Card as part of your method of payment, a representative from University College/Summer School will contact you in the next 24-78 hours to obtain your credit card information. If you have any questions, please call our main office at 314 935-6700

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment must accompany registration form.**

**Thank you.**