

To be used by students who have applied and are currently accepted by the university.

**WESTERN ILLINOIS UNIVERSITY**  
**School of Extended Studies**

**Request to Register for Courses**

<b>WIU ID OR SOCIAL SECURITY NUMBER</b>				<b>NAME - Last</b>		<b>First</b>		<b>Middle</b>		<b>Former legal names, if any</b>																													
<b>ADDRESS</b>			<b>Street</b>			<b>City</b>			<b>State</b>		<b>Zip</b>																												
If new check here <input type="checkbox"/>																																							
<b>DATE OF BIRTH</b>			<b>PHONE</b>			<b>Home</b>			<b>Work</b>																														
Month / Day / Year			Include Area Code ( )			( )			( )																														
<b>I WISH TO ENROLL:</b> <input type="checkbox"/> Fall Year _____ <input type="checkbox"/> Spring Year _____ <input type="checkbox"/> Summer Year _____			<b>STAR NUMBER</b> <table border="1" style="width:100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																												<b>Dept. Name</b>		<b>Course Number</b>		<b>Sem. Hours</b>		<b>Class Location</b>		<b>Instructor</b>
<b>TYPE OF CREDIT</b> <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Audit <input type="checkbox"/> Pass-Fail (Undergraduate courses only)																																							

**Admission**

In order to register for course work through the School of Extended Studies at Western Illinois University, students must first apply and be currently accepted by the university. For instructions on how to apply as a new or returning student, visit <http://www.student.services.wiu.edu/admissions/application/index.asp>.

**Distance Learning Instructional Enhancement Charge**

Some distance learning courses, including online, independent study, and courses offered at an off-campus location, may be subject to a distance learning instructional enhancement charge of \$30 per semester hour. For more information visit [www.wiu.edu/ses](http://www.wiu.edu/ses).

**Student Certification**

I understand that it is my responsibility to comply with all university policies and procedures related to this request to register for courses. I understand submission of this request does not guarantee registration in the courses above, and I will be notified of the status of this request to register for courses. **This certification must be signed and dated by the applicant before action can be taken on this request.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

If you are registering for courses by mail, please return this completed form to;  
**OFFICE OF THE REGISTRAR WESTERN ILLINOIS UNIVERSITY, 1 UNIVERSITY CIRCLE, MACOMB, IL 61455-1390**  
 You may fax this completed form to (309)298-2976