

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

**WESTERN ILLINOIS UNIVERSITY**  
**School of Distance Learning,**  
**International Studies & Outreach**

**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 <input type="checkbox"/> check here																																																																																																																																	
<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>										<b>STAR NUMBER</b>										<b>Dept. Name</b>										<b>Course Number</b>										<b>Sem. Hours</b>										<b>Class Location</b>										<b>Instructor</b>																																																																					
<input type="checkbox"/> Fall Year _____ <input type="checkbox"/> Spring Year _____ <input type="checkbox"/> Summer Year _____										<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																																							
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<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 Distance Learning, International Studies & Outreach 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 [wiu.edu/admissions/apply\\_now/](http://wiu.edu/admissions/apply_now/)

**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 [http://www.wiu.edu/distance\\_learning](http://www.wiu.edu/distance_learning)

**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)298-2787**