

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

WIU ID OR SOCIAL SECURITY NUMBER				NAME - Last		First	Middle	Former legal names, if any																					
ADDRESS			Street	City	State	Zip																							
If new check here <input type="checkbox"/>																													
DATE OF BIRTH			PHONE		Home																								
Month / Day / Year			Include Area Code ()		Work ()																								
I WISH TO ENROLL:			STAR NUMBER		Dept. Name	Course Number	Sem. Hours	Class Location	Instructor																				
<input type="checkbox"/> Fall Year _____			<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td></tr> </table>																						_____	_____	_____	_____	_____
<input type="checkbox"/> Spring Year _____			_____	_____	_____	_____	_____	_____																					
<input type="checkbox"/> Summer Year _____			_____	_____	_____	_____	_____	_____																					
TYPE OF CREDIT			_____	_____	_____	_____	_____	_____																					
<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/

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 \$50 per semester hour. For more information visit 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) 298-2976