



# SUMMER 2010 REGISTRATION FORM

(Undergraduate classes only)

Check if Name and/or Address is Changed

Name (Mr., Mrs., Ms.) \_\_\_\_\_ SS# or WJU ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Major \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

(For Government Census Information Only)

Religion \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Is this your first semester at Wheeling Jesuit University? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you taken an online course at WJU in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know your user name and password? Yes \_\_\_\_\_ No \_\_\_\_\_

SYNONYM #	COURSE #	TITLE	DAY	CREDITS

TOTAL CREDITS \_\_\_\_\_

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Advisor

FOR OFFICE USE ONLY: S N P DATABASE: By: _____ Date: _____
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**TELEPHONE REGISTRATION:** Date \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO 131 DONAHUE HALL,  
Professional and Graduate Studies, OR FAX to (304) 243-4441.**

