Wheeling Jesuit University

REGISTRATION FORM – Semester/Term: _____

WJU ID #. _____ **NAME_____**
(PLEASE PRINT)

Required information for federal reports: **__White (Non Hispanic)** **___Asian/Pacific Islander**
__Black (Non Hispanic) **___Native American/Alaskan**
__Hispanic

Religious preference_____

MUST HAVE* SYNONYM** ***(No. Under Course Section)	**DEPT.**	**COURSE NO.**	**SECTION NO.**	**MEETING DAYS**	**MEETING TIMES**	**CREDITS**
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I approve the following courses in the case of any closed Courses:						
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I approve all of the above courses for the academic semester. _____
Signature of Advisor or Dept. Chair

Anyone with less than a 3.0 average, who needs 18 or more hours in a semester must receive the approval of the Registrar.

_____ _____
Business Office Clearance *Registrar*