

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 <i>(No. Under Course Section)</i>	DEPT.	COURSE NO.	SECTION NO.	MEETING DAYS	MEETING TIMES	CREDITS
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/						
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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 Dr. Helen Faso.

*Business/Registrar Office
Clearance*

Dr. Helen Faso, Associate Academic Dean