WSCU EXTENDED UNIVERSITY STUDIES

Registration Form

303 Taylor Hall, Gunnison, CO 81231 phone: 943-2885 Fax: (970) 943-7068

Name:_____ WSCU ID _____
Last First Middle

Mailing Address:_____

City, State & Zip:_____

Phone Numbers:_____ _____ _____
Home Cell Phone Work (or alternate number)

Email Address:_____ Date of Birth ____/___/____

How many credits are you currently enrolled in at WSCU? _____ (if the Extended University Studies courses puts you over 18 credit you must complete an overload form)

Gender: ☐ M ☐ F U.S. Citizen: ☐ yes ☐ no

Do you have a bachelor's degree? ☐ Yes ☐ no

If no, have you taken courses towards a degree at WSCU? ____yes ___no

In order to comply with civil rights laws, WSCU must attempt to collect race/ethnicity information about our students and employees. We invite you to voluntarily self-identify your race/ethnicity below. Refusal to provide this voluntary information will not subject you to any adverse treatment. This information is confidential and used only in compliance with the law.

1) Do you consider yourself to be of Hispanic/Spanish origin or Latino/Latina regardless of race? ☐ Yes ☐No
2) In addition, if applicable, select one or more of the following racial categories to describe yourself:
   ☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐ Native Hawaiian or other Pacific Islander ☐White

How did you hear about the course(s)? ☐ Shopper ☐ Mailing ☐ Picked up schedule ☐ Web ☐ Instructor ☐ Friend

LIST THE COURSES YOU WISH TO ENROLL IN:									
					OFFICE USE ONLY				
					Registered in Banner		Payment Processed		
CRN			Course Title	FEE	Date	Initial	Date	Initial	Receipt #
			TOTAL FEE						

Drop Refund Policy (for details on the refund policy consult the Ext. Studies schedule booklet)

Courses which meet weekly – Full refund if dropped by first class meeting, no refunds after 3rd class meeting
Weekend courses – Full refund if dropped 2 weeks prior to start date. Refunds after this point, contingent upon wait-listed students.
Withdrawals – No refunds for withdrawals. See withdrawal deadlines in the schedule booklet.

PLEASE PAY FOR YOUR REGISTRATION

☐ Visa NAME ON CARD_____
☐ Master Card
☐ Discover CARD NUMBER _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
☐ Cash
☐ Check (Payable to WSCU) Expiration Date __/___
☐ Financial Aid

Signature_____

FOR OFFICE USE ONLY
Date_____ Refund $_____ Authorized_____ Processed Initials____