

ID # \_\_\_\_\_

SOC-SEC NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COUNSELOR: \_\_\_\_\_

\*\*\*\*\*  
 \* **2014** \*  
 \* \*  
 \* **Fall Semester** \*  
 \* \*  
 \* **REGISTRATION** \*  
 \* **REQUEST** \*  
 \* \*  
 \* **FORM** \*  
 \* **for** \*  
 \* **Dual Enrollment** \*  
 \* \*  
 \* **Westminster** \*  
 \* **College** \*  
 \* **Fulton, MO** \*  
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\*\*\*\*\*

Have you ever attended Westminster College? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Please enroll me in the course(s) shown below:**

Dept.	Crs#	Sec.	Title	Crdts	Instructor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Alternate Course:

\_\_\_\_\_

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\_\_\_\_\_  
Associate Dean's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date