

Texas Wesleyan University Student Registration Form

Student Information:

First Name: _____ **Middle:** _____

ID#: _____

Academic Program: _____

Last Name: _____

Cashier : _____

Phone: _____

Semester (check processing term):

Local Address: _____

Fall 20____

Street

Student Records: _____

Spring 20____

City _____ State _____ Zip _____

Date: _____

Summer 20____

Emergency Contact: _____

Name _____ Phone Number _____

Registration (Add/Drop)

In the first column below, circle the code that corresponds to your enrollment request.

A= Register & Add, D=Drop		Subject Prefix (ENG)	Course Number (1301)	Section (01)	Credit Hours (3)	M	T	W	TH	F	Sat.	Sun	Instructor Signature (If Required)
A	D												
A	D												
A	D												
A	D												
A	D												
A	D												
A	D												
A	D												
A	D												

Total Hours	
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I understand that once I am registered for classes as a student of Texas Wesleyan University, I will incur a debt in my name.

Student: _____ **Date:** _____ **Dean:** _____ **Date:** _____

Advisor: _____ **Date:** _____