

# CREDIT OVERLAY COURSE REGISTRATION FORM



COURSE TERM/TITLE: \_\_\_\_\_ SUB/NO: **ED 805** CRN: \_\_\_\_\_

*ALL FIELDS ARE REQUIRED. Please complete as fillable PDF and return to your instructor.*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Daytime PHONE: \_\_\_\_\_ Evening PHONE: \_\_\_\_\_

Have you taken a course at WOU? Y N If so, PRIOR LAST NAME at WOU: \_\_\_\_\_

GENDER: Male Female Other EMPLOYER: \_\_\_\_\_

BACHELOR'S DEGREE in (major): \_\_\_\_\_ AWARDED by (school): \_\_\_\_\_

Permanent STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

HOME EMAIL: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

Oregon RESIDENT? Y N If so, START DATE of current OR RESIDENCE: \_\_\_\_\_

US CITIZEN? Y N if not, WHICH COUNTRY? \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_

INTERNATIONAL STUDENT? Y N If yes, F1 J1 VISA

Are you HISPANIC or LATINO? Y N What is your RACE? Please CHECK ONE or more:

AMERICAN INDIAN or ALASKA NATIVE  
BLACK or AFRICAN AMERICAN  
WHITE

ASIAN  
NATIVE HAWAIIAN or PACIFIC ISLANDER

I understand that:

- submission of this registration form will result in charges on my account;
- communication regarding my course, my performance, and my assignments need to occur before the end of the WOU credit overlay term, at which time grades are recorded by my instructor;
- WOU will email me a registration confirmation with instructions to the email addresses I have provided on this form;
- exceptions to these policies are subject to academic petition to the WOU registrar.

To the best of my knowledge, the information I provided on this registration form is true and accurate.

By typing my name below, I agree that this is valid as my signature.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_