

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

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

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

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

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

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

\_\_\_\_\_

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

CAMPUS ADDRESS: \_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_

ADVISOR(S): \_\_\_\_\_

MAJOR(S): \_\_\_\_\_

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 \* **2008** \*  
 \* \*  
 \* **Summer Session** \*  
 \* \*  
 \* REGISTRATION \*  
 \* REQUEST \*  
 \* FORM \*  
 \* \*  
 \* **Westminster** \*  
 \* **College** \*  
 \* Fulton, MO \*  
 \*\*\*\*\*

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Are you a degree seeking student at Westminster College? .....  yes  no

If not, have you ever attended Westminster College? .....  yes  no

Would you like to reserve a room in College Housing for Summer Session?.....  yes  no

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

Dept.	Crs#	Sec.	Title	Crdts	Instructor's Signature
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Alternate Course:

\_\_\_\_\_

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\_\_\_\_\_  
Advisor's Signature

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

\_\_\_\_\_  
Date