



# DAKOTA WESLEYAN UNIVERSITY

## REGISTRAR'S OFFICE

### GRADUATE STUDIES REGISTRATION

\* Required Information

DWU I.D. Number \_\_\_\_\_  Fall  Spring  Summer Year \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
\*Last \*First \*Middle \*Other Name(s)

Address: \_\_\_\_\_  
\*Street (PO Box) \*City \*State \*Zip

(\_\_\_\_\_) (\_\_\_\_\_) / / - -  
\*Land Phone \*Cell Phone \*Date of Birth \*Social Security Number

DWU Email: \_\_\_\_\_ Email other than DWU: \_\_\_\_\_

Please indicate your degree plans by checking one of the following:

#### Degree seeking

- Curriculum and Instruction
- Secondary Certification and Degree
- Educational Policy & Administration
- Pre 12 Principal Certification and Degree
- Special Student Status *(paper work not completed)*

#### Non-degree seeking

- Teacher Certification *(EDU 610 and EDU 635)*
- Certification Renewal
- Endorsement – Special Education
- Other \_\_\_\_\_

\*Have you previously attended DWU?  Yes  No

#### THIS INFORMATION IS COLLECTED FOR REPORTING PURPOSES ONLY

Gender:  Male  Female Marital Status:  Married  Divorced  Single  Widowed

Church Denomination: \_\_\_\_\_ Citizen of what country: \_\_\_\_\_

Ethnicity: Are you Hispanic or Latino?  Yes  No

Select one or more of the following ethnicities:  Hispanic/Latino  American Indian/ Alaska Native  Asian  
 Black/African American  Native Hawaiian/Pacific Islander  White

Check if you are an international student.

Check if you receive veteran's benefits.

#### CLASS REGISTRATION

Dept	Course #	Sec	Name of Course	Credit Hrs	M	T	W	T	F	Approval

Total Credit Hours \_\_\_\_\_

Student Signature \_\_\_\_\_

Advisor Signature \_\_\_\_\_