



# DAKOTA WESLEYAN UNIVERSITY

## Registrar's Office

1200 W. University Ave. Mitchell, SD 57301-4398  
PHONE 605-995-2650 1-800-333-8506 FAX 605-995-2699

### HIGH SCHOOL STUDENT REGISTRATION

FACULTY AWARD FOR ACADEMIC EXCELLENCE RECIPIENT

DWU I.D. Number _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 _____	Date _____ 20 _____
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Last Name	First Name	Middle Name	Email Address
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Address	City	State	Zip
(____) _____ Home Phone	____/____/____ Date of Birth	____-____-____ Social Security Number (required for tax purposes)	
(____) _____ Cell Phone			

Name & Address of Parents	City	State	Zip
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Have you ever taken a DWU course before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" last date attended _____
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#### THIS INFORMATION IS COLLECTED FOR REPORTING PURPOSES ONLY

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Church Denomination _____ Citizen of what Country? _____	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Also circle one or more of the following:</b> Hispanic/Latino                      White Black/African Am.                      Am. Indian/Alaska Native Native Hawaiian/Pacific Islander      Asian
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Name of high school attending including city and state	Class (Jr. or Sr.)	GPA	Anticipated Graduation Date

REGISTRATION COURSE INFORMATION					Days/Times					Instructor's Name	
Dept	Course No	Sec	Title	Cr Hrs	Location	M	T	W	R		F

Total Credit Hrs: \_\_\_\_\_

Student's Signature _____	Date _____
Parent/Guardian's Signature _____	Date _____
<b><i>I know and recommend the above student for the class(es) listed:</i></b>	
School Counselor's/Principal's Signature _____	Date _____

OFFICE USE ONLY	Date Entered: _____	Initials: _____
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