



DAKOTA WESLEYAN UNIVERSITY

Registrar's Office

1200 W. University Ave. Mitchell, SD 57301-4398
PH 605-995-2642 1-800-333-8506 FAX 605-995-2643

REGISTRATION

DWU I.D. Number _____ Fall Spring Summer 20 _____ *** Required Information**
Date _____ 20 _____

*Last Name _____ *First Name _____ *Middle Name _____ *Other Name(s) _____ Email Address _____

*Address _____ *City _____ *State _____ *Zip _____
(____) _____ (____) _____ / ____ / ____ - ____ - ____
*Home Phone _____ *Cell Phone _____ *Date of Birth _____ *Social Security Number _____

Name & Address of Parents or Spouse _____ City _____ State _____ Zip _____
 Freshman Sophomore Junior Senior Special High School
Semester of Entrance: Fall Spring Summer Year _____
Seeking a degree? Yes No If yes, type of degree: Bachelor Associate
BA major(s) _____ BA minor(s) _____

*Have you ever attended DWU before? Yes No First time transfer with previous college credit?
Last date attended _____ Yes No

THIS INFORMATION IS COLLECTED FOR REPORTING PURPOSES ONLY

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Church Denomination _____ Citizen of what country? _____	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Also circle one or more of the following: Hispanic/Latino Black/African Am. Native Hawaiian/Pacific Islander White Am. Indian/Alaska Native Asian
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	Name, City, State	Dates Attended	Date of Graduation
High schools attended or date of GED			
Colleges, Vo-techs or Professional Schools			

REGISTRATION FORM

Time

Dept	Crs No	Sec	Name of Course	Cr Hrs	Room	M	T	W	H	F	Approval

Total Credit Hours _____

Student's Signature _____ Advisor's Signature _____