

# COURSE REGISTRATION FORM

Credit Overlay Program



Please EMAIL completed form to [partnerships@wou.edu](mailto:partnerships@wou.edu)

## Contact Information

Name: \_\_\_\_\_  
Last First M.I.

Email: \_\_\_\_\_

Have you ever enrolled at WOU?  YES  NO Prior name(s) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

## Enrollment Information

WOU "V" Number (or SSN): \_\_\_\_\_

Course: **1382** **ED 638** **Superquest VEX Robotics**  
(CRN) Subject/ Number Course Title

Course: \_\_\_\_\_  
(CRN) Subject/ Number Course Title

Do you have a Bachelor's Degree?  YES  NO If Yes, from: \_\_\_\_\_

## Demographic Information

Are you a citizen of the United States?  YES  NO If not, which Country? \_\_\_\_\_

Immigrant/ Permanent Resident number: A- \_\_\_\_\_

Gender:  Female  Male  Other **Date of Birth:** \_\_\_\_\_ Are you Hispanic or Latino?\*  YES  NO

What is your Race? (choose all that apply)\*  
 American Indian / Alaskan Native  Asian  Black / African American  Native Hawaiian / Pacific Islander  White

Are you an Oregon Resident?  YES  NO Start date of current Oregon Residence \_\_\_\_\_  
MM/YYYY

## Certification

I understand that submission of this form a) will result in charges on my account; b) cancellations are NOT permitted regardless of attendance; c) late registrations are not permitted; exceptions to these policies are subject to academic petition to the Registrar.

To the best of my knowledge, the information I provided is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date