# Wheeling Jesuit University

## *REGISTRATION FORM – Semester/Term: _____*

**WJU ID #. _____** **NAME_____**
**(PLEASE PRINT)**

**<u>Required information for federal reports:</u>** **__White (Non Hispanic)** **___Asian/Pacific Islander**
**__ Black (Non Hispanic)** **___Native American/Alaskan**
**__ Hispanic**

**Religious preference_____**

| ***MUST HAVE* SYNONYM** *(No. Under Course Section)* | **DEPT.** | **COURSE NO.** | **SECTION NO.** | **MEETING DAYS** | **MEETING TIMES** | **CREDITS** |
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| **I approve the following courses in the case of any closed Courses:** | | | | | | |
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I approve all of the above courses for the academic semester. _____
*Signature of Advisor or Dept. Chair*

**Anyone with less than a 3.0 average, who needs 18 or more hours in a semester must receive the approval of the Registrar.**

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*Business Office Clearance* *Registrar*