

**GRADUATE
REGISTRATION FORM
WILSON COLLEGE**

1015 Philadelphia Avenue, Chambersburg, PA 17201

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|--|--|---|
| <p>_____ First Name MI Last Name</p> <p>_____ Permanent Address _____</p> <p>_____ Permanent Telephone Number _____</p> <p>_____ County _____</p> <p>_____ Local Address _____</p> <p>_____ Local Telephone/Cell Number _____</p> <p>_____ Email _____</p> <p>_____ Employer _____ Telephone _____</p> <p>_____ Emergency contact name and telephone:</p> <p>_____</p> | | <p>_____ Social Security Number _____</p> <p>_____ Student ID# _____</p> <p>_____ Date of Birth _____ Gender F or M</p> <p>_____ Registration Year _____ Semester _____</p> |
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Are you a new Wilson student? yes no

Student Classification: Graduate Program Non-Degree

Do you require handicap accessibility? yes no

Please list your anticipated graduation Year _____ Semester _____

COURSE REGISTRATION

| Course Number & Section | Course Title | Day(s) & Time(s) |
|-------------------------|--------------|------------------|
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It is the student's responsibility to inquire to the Office of Financial Aid to determine if she/he qualifies for Financial Aid for this semester. Please contact the Business Office with questions concerning payment. All payments must be made to the Business Office.

Degree-seeking undergraduate students must also complete the form requesting permission to enroll in a Graduate level course.

Student Signature _____ Date _____

Graduate Program Director Signature _____ Date _____

Mail or deliver to the Office of the Registrar by the deadline listed in the schedule booklet.