REGISTRATION FORM
Oklahoma Wesleyan University

[ ] Check if High School Student
[ ] Check if new Student
[ ] Check if new address
Social Security Number: _____

Date: _____

SEMESTER
[ ] Fall _____
[ ] Spring _____
[ ] Summer _____

Name: _____

Local Address: _____

Permanent Address: _____

City/State/Zip: _____

STUDENT'S TELEPHONE #'S: Cell: _____

EMAIL: _____

Parents or Next of Kin: _____

Relationship to student: _____

Address: _____

City/State/Zip: _____

SEX:
[ ] Male
[ ] Female

MARITAL STATUS:
[ ] Married
[ ] Single
Tribal Family Line:

Do you plan to live in the dorm?
[ ] Yes [ ] No

Did you live in the dorm last semester?
[ ] Yes [ ] No

Anticipated Graduation Date: _____/_____
Month / Year

RACE/ETHNIC CATEGORY:
(Check all that apply)
[ ] Non-U.S. Citizen/Alien
[ ] Black or African American
[ ] American Indian or Alaska Native
[ ] Unmarried
Tribe: _____

[ ] Maternal [ ] Paternal [ ] Both
[ ] Asian
[ ] Hispanic or Latino
[ ] Native Hawaiian or Pacific Islander
[ ] White/Non-Hispanic

(Please check all that apply)

[ ] Biblical Studies
[ ] Biochemistry
[ ] Biology
[ ] Business
[ ] Chemistry
[ ] Christian Missions/Persecuted Church
[ ] Certificate—Persecuted Church
[ ] Communication Arts
[ ] Education: Biology Secondary
[ ] Education: Elementary
[ ] Education: English Secondary
[ ] Education: Mathematics Secondary
[ ] Education: Music (Vocal (K-12)
[ ] Education: Health/Physical Education
[ ] Education: Social Studies Secondary
[ ] English
[ ] English Bible (AA)

Exercise Science:
[ ] Clinical Fitness Prog Mgmt
[ ] Non-Clinical Fitness Prog Mgmt
[ ] Pre-Therapy
[ ] Financial Economics
[ ] General Science
[ ] General Studies (AA)
[ ] History/Political Science
[ ] Intercultural Ministry
[ ] Management & Leadership
[ ] Marketing
[ ] Mathematics
[ ] Music
[ ] Nursing
[ ] Pre-Nursing
[ ] Pastoral Ministry

[ ] Pastoral Ministry/Biblical Studies
[ ] Pastoral Ministry/Youth Ministry
[ ] Psychology
[ ] Social Sciences/Pre-legal Emphasis
[ ] Social Studies/History
[ ] Sports Ministry
[ ] Worship Arts
[ ] Undeclared
[ ] Other:

MAJOR:

Dept.	Num.	Course Name	Sec #	Time	Days	Room	Cr	Professor
		CHAPEL		10:10 – 11:10	W F	Chapel		

NOTE: Once your courses are entered into the computer at the Registrar's Office and your contract has been signed at the Student Accounts Office, you are **OFFICIALLY REGISTERED. TO CHANGE OR WITHDRAW** from courses it will be necessary for you to complete a drop/add form in the Registrar's Office.

_____
Advisor's Signature