For Office Use Only: Processed By:	<b>NONCREDIT R</b>	EGISTRATION FORM
Enrolled By:	Fax this form to 816-271-5922 and mail a check, bring	
		105 or pay online.
	Mail this form with Western Institute	check payment to:
Fall Enroll. Term	4525 Downs Driv	
☐ Spring Year	St. Joseph, MO 6	4507-2294 Spratt Hall 105 at the MWSU campus.
Summer Summer	NOTE: YOU ARE NO	OT REGISTERED UNTIL PAYMENT
_	IS RECEIVED.	
Legal Name:  Last First M	MWSU ID:	(G# if known)
Maiden/Other names under which your HS/Coll		•
Permanent Address:		
Street	City	State Zip
Phone #	vening	0.11
Day E  E-mail Address:	•	Cell
Gender: M  F DOB:	_ / /	SSN: (Full SS# required if paying online.)
mm	aa yy	
Are you a resident of Missouri? Y N	☐ If not, what state:	
Are you a citizen of the USA? Y N	If not, what country:	Visa Type:
Note: For MWSU to complete certain governmental forms, certain information about our student body is required. These information items will in no way be used a criteria for admission and will never be released in personally identifiable form.  Are you of Hispanic, Latino or Spanish Origin?  Yes  No		
What is your race? ☐ Alaska Native ☐ American Indian ☐ Asian ☐ Black or African American ☐ Choose one or more) ☐ Native Hawaiian or Other Pacific Islander ☐ White/Caucasian		
Marital Status: ☐ Divorced ☐ Married	☐ Single	☐ Widowed
		Relationship:
Address:		Phone:
I am enrolling in the following Non-Credit Cour CRN # Course # Sec		
	<del></del>	
Please check here if you have a disability that would limit or prohibit your participation in this event.  We will contact you promptly to discuss appropriate accommodations.		
Please check here if you do not grant permission MWSU to reproduce photographs taken during events.		
How did you hear about this class? ☐ Advertisement ☐ Brochure ☐ Word of Mouth ☐ Newspaper		
	le Show Work	Web Other:
Duaina a Nama	<i>,</i>	
Business Name: Company Address:		
Company Addices.		