

**For Office Use Only:**

Processed By: \_\_\_\_\_

Enrolled By: \_\_\_\_\_

**NONCREDIT REGISTRATION FORM**

1. Call 816-271-4100 and use a credit card.
  2. Fax this form with credit card information to 816-271-5922.
  3. Mail this form with payment to:  
Western Institute  
4525 Downs Drive, Spratt Hall 105  
St. Joseph, MO 64507-2294
  4. Bring payment to Spratt Hall 105 at the MWSU campus.
- NOTE: YOU ARE NOT REGISTERED UNTIL PAYMENT IS RECEIVED.

 Fall Enroll. Term \_\_\_\_\_ Spring Year \_\_\_\_\_ Summer
**Legal Name:** \_\_\_\_\_ **MWSU ID:** \_\_\_\_\_  
Last First Middle (G# if known)
**Maiden/Other names under which your HS/College records will be found:** \_\_\_\_\_**Permanent Address:** \_\_\_\_\_  
Street City State Zip**Phone #** \_\_\_\_\_  
Day Evening Cell**E-mail Address:** \_\_\_\_\_
**Gender:** M  F  **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Last 4 digits of SSN:** \_\_\_\_\_  
mm dd yy (not required by phone registration)
**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
**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
**I am enrolling in the following Non-Credit Courses:**

CRN #	Course #	Sec #	Class Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 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.

**How did you hear about this class?**  Advertisement  Brochure  Word of Mouth  Newspaper  
 Trade Show  Work  Web  Other: \_\_\_\_\_

**Payment Method:**  Check (Payable to MWSU)  Cash  Credit:  
 Bill Company: \_\_\_\_\_ Credit Card: \_\_\_\_\_  
 Attn: \_\_\_\_\_ Card #: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ CVV: \_\_\_\_\_  
 \_\_\_\_\_ Signature: \_\_\_\_\_