

**Inter-University Exchange Program
Registration Form**

Student Information

Name: _____
Last Name First Name Middle Initial

WU ID: _____ SSN: ____-____-____ Birth Date: ____-____-____ Gender: F M
month day year

Local Address: _____
City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

U.S. Citizenship:

- U.S. Citizen
- Permanent Resident/Resident Alien
- Nonresident Visa Type: _____

Race and Ethnicity (optional):

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Not Reported

Student's Signature: _____ Date: _____

Host Institution - Term, Institution and Course Information

Host/Destination institution: Saint Louis University University of Missouri-St. Louis

Registration Term: Fall _____ Spring _____ Summer _____ Year: _____

Course Title: _____

Course: _____ - _____ - _____ Units: _____ Grading Option: Credit Pass/Fail
Dept Number Section

Instructor's Signature: _____ Date: _____

Washington University Advisor Authorization and Dean's Office Approval

I certify that the above student is a full-time regularly enrolled student and may enroll for the above course.

Major Advisor Signature: _____ Date: _____

Dean's Office Signature: _____ Date: _____

University Registrar Use Only

Form Received: _____ Issued to Host: _____ OK from Host: _____ Final Grade: _____