

Special Student Enrollment Form – Western Washington University

Registrar's Office – Old Main 230, Bellingham WA 98225-9008 – (360) 650-3432

FAX (360) 650-7327 – registrar.office@wwu.edu

General Information (for detailed information see “Specific Information and Instructions” below)

You may use the SPECIAL STUDENT ENROLLMENT FORM if you are:

- 60 or more years of age and eligible for WWU's tuition/fee waiver program
- A non-matriculated student wishing to take courses for credit or audit

Western Washington University reserves the right to deny acceptance to any applicant for Special Student enrollment.

Special students are non-matriculated students at Western Washington University who must reapply each quarter. Enrollment in some programs as a special student may be on a **space available basis** only. Special students may register beginning the first or second day of the quarter through the fifth day of the quarter. If you do not fall into one of the Special Student categories above, or you wish to be admitted to WWU as a new freshman, transfer student, post-baccalaureate or readmitted as a former WWU student, you must apply through Admissions. If you wish to apply for admission to a masters program, contact the Graduate School. Use the Summer Registration Application to apply for summer quarter registration.

Specific Information and Instructions

WWU EMPLOYEES, WASHINGTON STATE EMPLOYEES, WASHINGTON NATIONAL GUARD MEMBERS:

Enrollment when using the tuition/fee waiver requires the payment of a \$30 quarterly service fee. Application for registration using one of the WWU waivers listed above must be submitted on the appropriate waiver application to the Registrar's Office, Old Main 230, 2-4 weeks prior to the beginning of the quarter, no earlier. Complete rules and regulations can be found on the individual waiver application. WWU faculty/staff waiver: http://www.wwu.edu/registrar/faculty_staff_landing.shtml

WASHINGTON RESIDENTS 60 YEARS OF AGE AND OLDER:

State law allows permanent residents of the state of Washington who are 60 years of age or older to register tuition free for a maximum of two eligible courses per quarter during the academic year, fall/winter/spring. Complete Part I of the form on the reverse side, sign and return the form to the Registrar's Office, Old Main 230, 2-4 weeks prior to the beginning of the quarter for creation of an ID# and quarter record for registration purposes. You must also submit the Application for Waiver of Tuition and Fees for Persons 60 Years of Age or Older http://www.wwu.edu/registrar/student_services/forms.shtml to the Registrar's Office after registering, but not later than the fifth day of the quarter. Other restrictions may apply.

NON-MATRICULATED STUDENTS:

A student who has not been matriculated into a degree or certificate program may enroll fall/winter/spring through the Non-matriculated Student Registration Program. Once set up in the system as a non-matriculated student, the student is allowed to register through Web4U beginning the first day of the quarter. Non-matriculated students are required to satisfy all prerequisites and course restrictions that may apply. The Special Student Enrollment Form should be submitted to the Registrar's Office, Old Main 230, 2-4 weeks before the quarter begins but no later than the first week of the quarter. Tuition is based on residency, and all applicable tuition and fees are due and payable according to the dates and deadlines listed under Calendars on the Registrar's Office homepage at <http://www.wwu.edu/depts/registrar/>. Measles immunization requirements apply.

AUDITORS:

Auditors do not earn credits and, according to University policy, **may not register for performance courses** such as physical education activities, laboratory courses, studio courses, language courses or similar courses in which the content of the course requires active participation on the part of the student. **Auditors do not participate in class discussions, write papers, take tests or complete class projects.** No grades are assigned, but an official WWU transcript is created. Auditors need to complete both Parts I and II on the reverse side and return the form to the Registrar's Office, Old Main 230, as soon as possible but not later than the fifth day of classes. Auditors pay \$10 per credit, except auditors wishing to enroll in self-supporting courses through Extended Education must pay full tuition and fees. For assistance with self-supporting classes, please contact Extended Education, College Hall 133, (360-650-3308) for registration information. Measles immunization requirements apply.

Western Washington University Special Student Enrollment Form

Check one:

- Audit** (must complete Auditing a Class below)
 Waiver **Non-Matriculated – Bellingham** **Non-Matriculated – Everett Campus**

Name: _____	(Last)	(First)	(MI)	Previous Name:	Telephone:	WWU Student # (if known): W0
Email (please print legibly): _____				<input type="checkbox"/> Male	Date of Birth:	Social Security Number
				<input type="checkbox"/> Female		
Mailing Address: _____				City:	State:	Zip:

No Yes **Have you ever been convicted of a violent, weapons-related offense; drug-related offense; required to register as a sex offender by any legal authority within the U.S.; or are there any felony charges pending against you at this time?** If you answered yes, include a letter of explanation with this form. If circumstances arise in the future that render your answers to the above question inaccurate, misleading or incomplete, you must provide the Registrar's Office with updated information.

Previous application or attendance at WWU? <input type="checkbox"/> No <input type="checkbox"/> Yes Quarter _____ Year _____	Are you currently a Washington state resident? <i>(Failure to complete dates of residency results in non-resident status.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes, from _____ to _____ Washington Driver's License # <i>(required)</i> _____	Please check one: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. permanent resident <input type="checkbox"/> Not a U.S. citizen/not U.S. resident If you checked U.S. Permanent Resident, list Resident Alien number or country and U.S. visa type, along with date granted. <i>(Non-citizens must go through International Programs and Exchanges.)</i> _____ Date granted _____
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Optional Information

What race/ethnicity do you consider yourself? Please *check all that apply and specify if you indicate "Other."*

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|--|---|---|---|
| Asian American:
<input type="checkbox"/> Asian Indian (4A/600)
<input type="checkbox"/> Cambodian (4C/604)
<input type="checkbox"/> Chinese (4C/605)
<input type="checkbox"/> Filipino (4F/608)
<input type="checkbox"/> Japanese (4J/611)
<input type="checkbox"/> Korean (4K/612)
<input type="checkbox"/> Laotian (4L/613)
<input type="checkbox"/> Thai (4T/618)
<input type="checkbox"/> Vietnamese (4V/619) | Pacific Islander:
<input type="checkbox"/> Native Guamanian (660)
<input type="checkbox"/> Hawaiian (4H/653)
<input type="checkbox"/> Samoan (4S/655)
<input type="checkbox"/> Other: _____

<input type="checkbox"/> Native American (5N/597)
Tribe: _____
Enrolled member? <input type="checkbox"/> Yes <input type="checkbox"/> No | Hispanic or Latino origin:
<input type="checkbox"/> Mexican/Mexican American/ Chicano (3M/722)
<input type="checkbox"/> Cuban (3C/709)
<input type="checkbox"/> Puerto Rican (3P/727)
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Black/African American (2/870)
<input type="checkbox"/> Caucasian or White (1/800/999)
<input type="checkbox"/> Aleut (5A/941)
<input type="checkbox"/> Eskimo (5E/935)
<input type="checkbox"/> Multi-racial: _____ |
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I certify that to the best of my knowledge, statements I have made in this application are complete and true. I hereby agree to abide by all policies which pertain to my enrollment at WWU.

Signature of applicant: _____ Date _____

Auditing a Class *(Special Students who wish to audit a course for no credit must complete the following. Please see auditing regulations on next page. Instructor's signature is required.)*

Department	Course	CRN	Title	Instructor Signature

