

WISCONSIN LUTHERAN COLLEGE

Year: _____ Term: _____

PLEASE PRINT

A. PERSONAL INFORMATION

ID# _____ Last Name _____ First Name _____ M.I. _____

Home Address _____ Birthdate ____/____/____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

New Student yes no If yes, please make sure to submit an Application to the Admissions Office.

B. REGISTRATION INFORMATION

Advisor _____ Class Fr So Jr Sr Sp(non-degree seeking)

Intended Major(s) _____ Declared yes no

Intended Minor(s) _____ Declared yes no

Note: I will be participating in intercollegiate athletics. yes no Sport(s) _____

COURSE #	COURSE TITLE	CREDITS	AUDIT (✓)
BIO-120-01	Life Science	3	
EXAMPLE	EXAMPLE	EXAMPLE	EXAMPLE

_____	_____	_____	_____
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_____	_____	_____	_____

TOTAL CREDITS _____

By registering for classes, I acknowledge that the payment terms set forth by Wisconsin Lutheran College are acceptable. I agree that on any amounts not received when due, Wisconsin Lutheran College will charge, and I agree to pay, a finance charge of one and one-half percent (1.5%) per month on any delinquent balance.

Student Signature _____ Advisor Signature _____

Overload approval of Academic Dean _____