

West Virginia University Extended Learning Professional Development Application/Registration Form

WVU Extended Learning * PO Box 6800 * Morgantown, WV 26506-6800

(304) 293-2834 * (800) 2LEARN2 * Fax: (304) 293-4899

Term for Application: Year _____ Fall Spring Summer

Professional Development courses do not count as credit towards undergraduate or graduate degrees at West Virginia University. These courses are graded Satisfactory (S) or Unsatisfactory (U).

If you have been assigned a West Virginia University Identification Number, enter it here: _____ - _____ - _____

Name: Last	First	Middle	Social Security No. (Confidential)
			_____ - _____ - _____

If you enrolled under a different name at WVU, or another institution or college, please print all previous names here:

To update your address, please select the "Address Change" link on www.arc.wvu.edu/RecordsServices/ or call (304) 293-2121.

Mailing Address	City	State	County	Zip Code
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Birth Date	Gender	Home Telephone	Alternate Telephone
Mo. _____ Day _____ Yr. _____	Male _____ Female _____	(____) _____ - _____	(____) _____ - _____

Email Address

Legal Residence	If West Virginia, how long?	U. S. Citizen?	Country (if not the U.S.)
State: _____	Mo. _____ Yr. _____ (Proof may be required)	Yes _____ No _____	

<u>Ethnic Group:</u> (Required for Federal Reporting) ___ White, Non-Hispanic (01) ___ African American (02) ___ Hispanic (03) ___ Asian, Pacific Islander (04) ___ American Indian/Alaskan Native (05) ___ Black, Non-Hispanic (06)	<u>Citizen Status:</u> ___ U.S. Citizen (01) ___ Permanent Resident with Alien Card (02) (Please enclose copy of both sides of card) ___ Refugee (03) ___ *Non-Immigrant/Other Visa Type (04) (Additional materials may be needed) Type _____ Birth Nation _____ Legal Nation _____
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EDUCATIONAL INFORMATION: List all colleges and universities you have attended.
(Must have obtained a BA or BS to enroll.)

College or University	City & State	Dates Attended (Month/Year) to (Month/Year)	Graduation Date (Month/Year)	Degree Obtained (MS, BA, BS)

REGISTRATION INFORMATION

CRN #	Subject	Course #	Section #	VR/CR Hrs	Title

I affirm that the information I have provided on this application form is accurate and true. Providing false information can lead to non-acceptance and /or expulsion.

Signature	Date
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Attach check or money order here

PAYMENT BY CREDIT or DEBIT CARD:

I wish to pay by: Credit Debit card
 VISA MASTERCARD DISCOVER

Cardholder's Signature

_____-_____-_____
Card Number

Expiration Date

Charge Amt.

Billing Address Zip Code

PAYMENT BY CHECK:

-write WVU student ID on check
-make payable to "WVU"