



WVSU at GWHS College Course Application

		Student Informa	ation		
Full Name:			Birth	Birth Date:	
	Last	First	M.I.		
Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email:			
Social Secu	rity Number:		Gender:	Grade:	
Requested	Courses:				
YES NO Is this your first college course? □ □ If No, list		o, list all that you have comp	st all that you have completed.		
	nd that I am registering for a I that I will be responsible t				
Student Signature:			Date:	Date:	
and will be	nd that my child is registerii billed by WVSU via mail to hild's college transcript.				
Parent Signature:			Date		