



Office of the University Registrar
25 University Avenue, West Chester, PA 19383
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www.wcupa.edu/registrar
registrar@wcupa.edu

WCU ID#

Required

Soc Sec#

HIGH SCHOOL PARTNERSHIP PROGRAM REGISTRATION

Instructions: Please complete all information on the form and return to the Registrar's Office for processing. Upon completion of this form and processing by the Registrar's Office, you will be enrolled in the selected courses.

Note: Enrolling into these courses does not guarantee admission to degree candidacy.

Have you ever applied to West Chester University or completed any coursework at the university? ☐ Y ☐ N

Term: ☐ Fall _____ ☐ Winter _____ ☐ Spring _____ ☐ Summer _____
(Year) (Year) (Year) (Year & Session)

Gender: ☐ Male ☐ Female

Student Name: _____ **Date of Birth:** _____

Street: _____ **Apt.#** _____

City: _____ **County:** _____

State: _____ **Zip:** _____ **Home phone:** _____

Current resident of PA? ☐ No ☐ Yes – How long? _____

High School _____ **Principal's Signature** _____

| Semester | Subject & Catalog# (eg. MAT161) | Section | Title | Credits |
|----------|------------------------------------|---------|-------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Statistical Data: (voluntary)

- ☐ Black (non-Hispanic)
☐ White (non-Hispanic)
☐ Hispanic

- ☐ Asian/ Pacific Islander
☐ Native American
☐ Other _____

Student's signature/Date (required): _____

Please understand that this will become your educational record at WCU and accordingly, bound by the Family Education Rights Privacy Act. Information pertaining to your coursework will **only** be released to you, not your parents. Your signature above authorizes WCU to release information to your high school/school district only. For information on this act: <http://www.wcupa.edu/registrar/privacy.aspx>

Office Use Only

Processed by: _____ Date: _____

Enrollment confirmed with student: Y N