



Willamette University
900 State Street
Waller Hall, 1st Floor
Salem, OR 97301
registrar@willamette.edu

Gifted Scholar Registration Form

Note: Before returning this form to the **Registrar's Office**, you are required to obtain each instructor's signature approving your attendance in their class. If the instructor gave their approval via email, please print and attach the email to this form.

NAME: _____
(First) (Middle) (Last)

Social Security Number: _____ - _____ - _____

Birth Date: _____ Phone: _____

Home Address: _____

Have you taken a course from Willamette University before? Yes No

I wish to enroll in the following course(s):

Course #/Section	Credits	Course Title	Instructor's Signature
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____