

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 fro	m Willamette Unive	ersity before? 🏻 Y	es □ No	
I wish to enroll in	the follow	ring course(s):			
Course #/Section	Credits	Course Title		Instructor's Sign	aature
Signature:					

Rev. 2/17/23 AV