

Full Legal Name: _____ Whitworth ID Number/SSN: _____ (required)

Birth Date (MM/DD/YYYY): ____/____/____

Sex: Male Female Preferred Gender: _____ Preferred Pronouns: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Phone Type: Home Cell

Non-Whitworth Email: _____

State of Residency: _____ Citizenship: _____ (required)

*****This form must be submitted with a copy of a government issued photo ID.**

Have you previously taken courses at Whitworth? Yes No If yes, what year(s)? _____

Are you a Whitworth employee or employee's family member? Employee Family Member N/A

Race (select all that apply):

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

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Doctoral degree Other: _____ Professional degree

Course Registration

Audit Policy: If you intend to audit a course, you will also need to complete an audit form in addition to this registration form.

Course No.	Section	Term/Year	Course Title	Credits	Instructor Signature (Required for all non-matriculated students)
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