



WashU

Inter-University Exchange Program Registration Form

Student Information

Name: _____
Last Name First Name Middle Initial

WU ID: _____ SSN: ____ - ____ - ____ Birth Date: ____ - ____ - ____ Gender: ☐ F ☐ M ☐ ND
month day year

Local Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

U.S. Citizenship:

- ☐ U.S. Citizen
☐ Permanent Resident/Resident Alien
☐ Nonresident Visa Type: _____

Race and Ethnicity (optional):

- ☐ Hispanic or Latino
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not Reported

Student's Signature: _____ Date: _____

Host Institution - Term, Institution and Course Information

Host/Destination institution: ☐ Saint Louis University ☐ University of Missouri-St. Louis

Registration Term: ☐ Fall ☐ Spring ☐ Summer Year: _____

Course Title: _____

Course: _____ - _____ - _____ Units: _____ Grading Option: ☐ Credit ☐ Pass/No Pass
Dept Number Section

Instructor's Signature: _____ Date: _____

Washington University Advisor Authorization and Dean's Office Approval

I certify that the above student is a full-time regularly enrolled student and may enroll for the above course.

Major Advisor Signature: _____ Date: _____

Dean's Office Signature: _____ Date: _____

University Registrar Use Only

Form Received: _____ Issued to Host: _____ OK from Host: _____ Final Grade: _____