

Windham Higher Education Cooperative (WHEC) Registration Form



Name (LAST, First, MI):	Date of Birth:
Social Security N ^o :	Home Institution Name:
Home Inst. Email:	Home Inst. Student ID #:
ClassStndng/Major:	Home Institution Registrar:
Home Address:	Cumulative GPA:
	Home Telephone:
	Cell Phone:
Emergency Contact Name:	Personal Email:
Relation to you?:	Emergency Contact Tel:
Emergency Contact Cell:	Emerg Cont.Email:

Name of Intended Host Institution:						
Semester	Course #	Course Section	Course Title	Credit Level (UG,GR)	# of Credits	Home Inst. Equivalent

(Please list classes in order of preference; only one course may be approved)

I hereby agree to abide by the WHEC Cooperative policies and regulations as they are presented in the registration instructions as well as the policies of the Host Institution. I authorize the Host Institution to issue an official transcript of my work to my Home Institution at the end of the term registered.

Student Signature: _____ Date: _____

Academic Advisor's Use Only:	
I hereby certify that _____ is a full-time matriculated student in good academic and financial standing at _____ and eligible to participate in the WHEC cross-enrollment program. Contingent upon satisfactory completion, the course listed above has been pre-approved for transfer to the home institution.	
Additional Notes:	
Name of Student's Home Inst. Academic Advisor:	
Academic Advisor Signature:	Date

Registrar's Use Only:						
Student Eligible?	Y	N	Approved?	Y	N	Program Code:
Registrar Name:					Host Inst. ID #:	
If not approved, reason:					Date	