## Windham Higher Education Cooperative (WHEC) Registration Form



If not approved, reason:







Date





Name (LAST,	First, MI):			Date	of Birth:			
Social Security N°:				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:				Emer	g Cont.Em	nail:		
Name of Inte	ended Host	Institutio	n:					
Semester	Course #	Course Section	Course Title			Credit Level (UG,GR)	# of Credits	Home Inst. Equivalent
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