



Willamette University
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Gifted Scholar Registration Form

Note: Before returning this form to the instructor, if the instructor gave their approval via email, please print and attach a copy of the instructor's approval email to this form.

NAME: _____
(First) (Middle) (Last)

Social Security Number _____ - _____ - _____

Birth Date: _____ Phone: _____

Home Address: _____

Have you taken a course from Willamette University before? Yes/No

I wish to enroll in the following course

Course Section	Credits	Course Title	Instructor
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____