

DSS REGISTRATION REQUEST FORM

FULL NAME: _____ **Semester:** _____

WIN: (NOT Social Security #) _____

Date of Birth (required): _____ **Phone #:** _____

E-mail Address: (REQUIRED) _____

COURSE	CRN #	Days	Time
(for example) UNV 1010	10101 (REQUIRED)		

We need your WIN to register you!!!

You can check your schedule online at <http://gowmu.wmich.edu>

PLEASE...WE CANNOT OVERRIDE TIME CONFLICTS

Student's Signature: _____ **Date:** _____

***Please check to make sure there are no holds on your account before registering (all bills must be paid). We will not be able to register you if you have holds.**

***Please make sure that you are eligible to take the courses you are registering for (ie. Pre-requisites are often required, must be a declared major in that department before registering for certain courses)**