wheaton college massachusetts

Office of the Registrar Registration Form - Please Print all Information

First: Middle: Last:

Home Address: City/State/Zip:

Phone: Date of Birth: Marital Status:

Email address: Course you are interested in:

Person to call in case of Emergency: Relationship: Phone Number:

Fees are not refundable after the first day of class

The following information is requested in order that we may demonstrate to the U.S. Department of Health, Education and Welfare this institution's compliance with Title VI of the 1964 Civil Rights Act and Title IX of the 1972 Educational Amendments. Information will be used for statistical purposes only.

Check all that apply:

- ☐ White, Non-Hispanic Origin
- ☐ Black, Non-Hispanic Origin
- ☐ Hispanic
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Other
- ☐ Norton Auditor
- ☐ Norton Resident
- ☐ Norton High School Student
- ☐ SACHEM
- ☐ CTY - John Hopkins Talented Youth
- ☐ Non-Degree
- ☐ Brown Exchange Student
- ☐ Visiting Student
- ☐ Language Assistant
- ☐ Faculty/Staff or Faculty/Staff Spouse/Dependent

Enrollment Status: (check one)

- ☐ Full time (at least 3 courses)
- ☐ Part time

Signature: *(Typing your name above constitutes your electronic signature.)* **Date:**