



# WILLISTON STATE COLLEGE

## Collaborative Student Form (WSC – Home Campus)

Today's Date: \_\_\_\_\_ User ID # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Are you a North Dakota Resident? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_

If not a ND resident, which state do you claim residency? \_\_\_\_\_

Major: \_\_\_\_\_ Home Campus: \_\_\_\_\_

Semester you are enrolling? Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

***I have read and understand all criteria and deadlines as presented on this page. I certify that all statements in this registration are true to the best of my knowledge.***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COURSE INFORMATION

Do not use this form to register for WSC courses!

#### **Request #1**

Provider School Offering Course: \_\_\_\_\_

Have you taken a course from this school previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Class # \_\_\_\_\_ Subject and Catalog # (ex. ENGL 110): \_\_\_\_\_

Course Title: \_\_\_\_\_

Semester Hours: \_\_\_\_\_

Delivery Type: Online \_\_\_\_\_ On-Campus \_\_\_\_\_ IVN \_\_\_\_\_ Other \_\_\_\_\_

**Request #2**

Provider School Offering Course: \_\_\_\_\_

Have you taken a course from this school previously? Yes \_\_\_\_ No \_\_\_\_

Class # \_\_\_\_\_ Subject and Catalog # (ex. ENGL 110): \_\_\_\_\_

Course Title: \_\_\_\_\_

Semester Hours: \_\_\_\_\_

Delivery Type: Online\_\_\_\_ On-Campus\_\_\_\_ IVN\_\_\_\_ Other \_\_\_\_\_

**Request #3**

Provider School Offering Course: \_\_\_\_\_

Have you taken a course from this school previously? Yes \_\_\_\_ No \_\_\_\_

Class # \_\_\_\_\_ Subject and Catalog # (ex. ENGL 110): \_\_\_\_\_

Course Title: \_\_\_\_\_

Semester Hours: \_\_\_\_\_

Delivery Type: Online\_\_\_\_ On-Campus\_\_\_\_ IVN\_\_\_\_ Other \_\_\_\_\_

**Request #4**

Provider School Offering Course: \_\_\_\_\_

Have you taken a course from this school previously? Yes \_\_\_\_ No \_\_\_\_

Class # \_\_\_\_\_ Subject and Catalog # (ex. ENGL 110): \_\_\_\_\_

Course Title: \_\_\_\_\_

Semester Hours: \_\_\_\_\_

Delivery Type: Online\_\_\_\_ On-Campus\_\_\_\_ IVN\_\_\_\_ Other \_\_\_\_\_