

Western Washington University Enrollment Confirmation

Western ID:
Student Name:
Address:

Date of Admission:
Entering Quarter:
Residency Status:
Academic Interest:
Student Type:

Please do not detach

Yes! I, _____, plan to enroll at Western Washington University

Submit the non-refundable \$250 enrollment confirmation fee to:

Cashier's Office - MS 9003
Western Washington University
516 High Street
Bellingham, WA 98225-5996

*Be sure to include your student number _____ on your check or money order.
(Cash or credit cards are not accepted.)*

Yes **No** **Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.?**

Your response will be forwarded to disAbility Resources to provide you with information about services and facilities, and may be used by the State of Washington for planning purposes.

Please provide parental/legal guardian information and Print Clearly:

Name _____ Ms., Mrs.,
Last First Middle Mr., Dr.

Attended WWU? yes _____ no
year

Name at WWU, if different:

Earned a degree from WWU? yes _____ no
year

Is s/he living? yes no

Telephone (____) _____

Address _____
number and street

_____ city state zip

E-mail _____

Name _____ Ms., Mrs.,
Last First Middle Mr., Dr.

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year

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