

**Inter-University Exchange Program****Registration Form****Student Information**Name: \_\_\_\_\_  
Last Name First Name Middle InitialWUSTL ID: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: F M  
month day year

Local Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

U.S. Citizenship:U.S. Citizen  
Permanent Resident/Resident Alien  
Nonresident Visa Type: \_\_\_\_\_Race and Ethnicity (optional):Hispanic or Latino  
American Indian or Alaska Native  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
White  
Not Reported

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

**Host Institution - Term, Institution and Course Information**

Host/Destination institution: Saint Louis University University of Missouri-St. Louis

Registration Term: Fall Spring Summer Year: \_\_\_\_\_

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

Course: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Units: \_\_\_\_\_ Grading Option: Credit Pass/Fail  
Dept Number Section

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Washington University Advisor Authorization and Dean's Office Approval***I certify that the above student is a full-time regularly enrolled student and may enroll for the above course.*

Major Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**University Registrar Use Only**

Form Received: \_\_\_\_\_ Issued to Host: \_\_\_\_\_ OK from Host: \_\_\_\_\_ Final Grade: \_\_\_\_\_