



Correspondence Study Enrollment Form

(Print or type)

WTAMU # : _____ Email Address _____

Last Name _____ First _____ M.I. _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip _____

Date of birth _____ Sex _____ Home Phone _____ Bus. Phone _____

(Complete the appropriate category.)

FOR STUDENTS PURSUING A DEGREE AT WTAMU:

Students who are pursuing a degree at WTAMU will need the following:

Dean's Signature _____ College _____
(ex: College of Business)

Registrar's Signature _____

FOR FORMER WTAMU STUDENTS

Date Last Enrolled _____ Under what name? _____

Are you in good standing with the University? Yes or No _____

FOR NON-WTAMU STUDENTS

Are you currently enrolled at another college/university? Yes or No _____

If yes, name of college or university? _____

*****A current transcript will need to be submitted in order to finalize enrollment.*****

TEXAS SUCCESS INITIATIVE (TSI)

All students enrolled in correspondence courses must be in compliance with TSI regulations. See WTAMU catalog for details.

Have you taken the required assessment? Yes _____ No _____

If not, do you meet one of the following exemptions:

- ___ determined by a previous college or university to have met TSI requirements
- ___ have high SAT, ACT or TAAS/TAKS scores as identified by the WTAMU Catalog
- ___ have an associate or bachelor's degree
- ___ are on active duty as a member of the armed forces of the United States, the Texas National Guard, or as a member of a reserve component of the armed forces of the United States and has been serving for at least three years prior to enrollment.
- ___ are honorably discharged, retired or released from active duty as a member of the armed forces of the United States, the Texas National Guard or Reserves on or after 08/01/1990
- ___ have satisfactorily completed designated college-level course work from accredited out of state, private or independent institutions of higher education with a grade of "C" or better
- ___ not seeking a degree or certificate

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COURSES:

Department/Division Course No. Course Name Semester Hours

\$452.00/3hr or \$602.00/4hr tuition fee, per course \$ _____

Add \$60.00 administrative fee*, per course \$ _____

TOTAL FEES \$ _____

*** Administrative fee is non-refundable**

METHOD OF PAYMENT

Check No. _____ Driver's License Number and State (of person signing check) _____

Cash _____

Money Order _____

Credit Card: Contact our office at 806.651.2037. We accept Discover, Visa, MasterCard & American Express.

In signing this application, I acknowledge that I have read and understand the rules and procedures outlined in the Correspondence Study Catalog. I understand that all assignments and the final examination must be completed and mailed two weeks before grades are due for graduation or any other deadline. I understand that there is no refund after the first five days. I certify that all information on this application is correct, and I realize that false or incomplete information may result in dismissal from the correspondence study program.

Signature _____ **Date** _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Return This Completed Form To: West Texas A&M University Phone: 806.651.2037
 Office of Continuing Education-Correspondence Fax: 806.651.2957
 WTAMU Box 60185
 Canyon, Texas 79016-0001

For Office Use Only:

Date App Rec'd _____ Edition of Study Guide _____

Expiration Date _____ Number of Lessons _____

Study Guide Sent _____ App to Registrar _____

Amount Paid _____ Instructor Notification _____

Receipt Number _____

West Texas A&M University is an affirmative action/equal opportunity institution.