

Pre University Program (PUP)
West Texas A&M University
Student Semester Advising and Registration Form

Approval to Register by Term/Year

Fall _____

Spring _____

Summer _____

STUDENT INFORMATION

SOCIAL SECURITY or WT ID #: _____

NAME: _____

Last

First

Middle Initial

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

Home

Cell

EMAIL ADDRESS: _____

HIGH SCHOOL: _____

Name

High School Graduation Date (month/year)

REGISTRATION INFORMATION (*This section must be completed by high school counselor.*)

COURSE NAME	PREFERRED DAY/ TIME	ALTERNATIVE TIME
Alternative Courses Approved		

STUDENT SIGNATURE: _____

HIGH SCHOOL COUNSELOR SIGNATURE/APPROVAL: _____

COUNSELOR CONTACT INFORMATION: _____

Phone #

E-Mail Address

Questions? Contact Advising Services (located in the Classroom Center – 1st floor (just west of the WT Bookstore).

Phone 806.651.5300

Email advisingservices@wtamu.edu

EVERY SEMESTER

Students must bring this form completed with course recommendations from your high school counselor for Advising Services to assist you in getting registered.