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

Approval to Register by Term/Year

STUDENT INFORMATION			
Student Birth Date OR Buffalo Gold C	ard #:		
Name:			
Last	First	Middle	Initial
High School:			
Name	Name High School Graduation Date (month/year)		onth/year)
REGISTRATION INFORMATION	(All applicable portions of this	section must be completed by	high school counselor.)
Course Name For example, "ECON 2301"	Preferred Day/Time For example, "MWF 10 am"	Alternate Day/Time For example, "online"	Term / Year For example, fall 2018
Alternative Courses Approved			
I certify that I approve the courses liste	ed above for fulfillment of high sch	ool graduation requirements.	
Signature of High School Counselor/Date C		Counselor E-Mail/ Phone Number	
I wish to enroll in the Pre-University P that I authorize the release of academic Program.	•		•
Signature of Student/Date		Signature of Parent or Guardian/Date	
Submit con	npleted form to West Texas A&M	•	s
	In person: Old Ma Fax: 806-651-5285 or Email: add		
	Mail: WTAMU Box 60907 - 0		

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