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

Approval to Register by Term/Year

STUDENT INFOR	RMATION					
Student Social Secu	rity Number OR B	uffalo Gold Card #:				
Name:						
Last High School:Name		Firs	First Mi		ddle Initial	
		High School Graduation Date (month/year)				
REGISTRATION	INFORMATION	(All applicable portions of	of this section	must be completed by	high school counselor.)	
Course ? For example, "E		Preferred Day/Tin For example, "MWF 10 am		ernate Day/Time for example, "online"	Term / Year For example, fall 2018	
Alternative Courses A	pproved					
I certify that I appro	ove the courses liste	ed above for fulfillment of hi	gh school gradu	nation requirements.		
Signature of High School Counselor/Date			Counselor E-Mail/ Phone Number			
		Program at West Texas A&M information between school				
Signature of Student/Date			Signature of Parent or Guardian/Date			
	Submit cor	mpleted form to West Texas		y - Office of Admissions	3	
		In person: C Fax: 806-651-5285 or Ema	Old Main 124 ail: admissions@	wtamu.edu		

ax: 806-651-5285 or Email: admissions@wtamu.edu Mail: WTAMU Box 60907 - Canyon, TX 79016

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