



Willamette University  
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### Gifted Scholar Registration Form

Note: Before returning this form to the instructor, if the instructor gave their approval via email, please print and attach the email to this form.

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number - - - - -

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Have you taken a course from Willamette University before? Yes/No

I wish to enroll in the following course

Course #	Section	Credits	Course Title	From
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: \_\_\_\_\_