

PHONE 605-995-2650 800-333-8506 FAX 605-995-2699

## CHECK THIS BOX IF YOU ARE A FACULTY AWARD FOR ACADEMIC EXCELLENCE RECIPIENT

DWU I.D. Number				□ Spring 20			Date				20
Last Name First N			First Name	ame Middle Name			Email Address				
Address				City			State				Zip
Home Phone ()  Cell Phone ()				Date of Birth//			Social Security Number				
Name of parents, address, city, state, and zip											
Have you ever taken a DWU course before?   Yes  No If "Yes" last date attended									itended		
THIS INFORMATION IS COLLECTED FOR REPORTING PURPOSES ONLY											
☐ Male Church Denomination				Also circ Hispanic				Yes Ilowi		No White	
	emale	Country of C	Citizenship			can Am. waiian/Pacit	ific Is	lander			Am. Indian/Alaska Native Asian
Name o	f high school	ol, city, and s			11000	Level GPA				Anticipated Graduation Date	
Dept.	Course #		NFORMATION Title		Credits	Location		DAYS/TII T   W			Instructor's Name
рері.	Course	. 360.	11116		Ciedita	Lucation	IVI	I VV			IIISHUCIOI S IVAIIIC
Dakota Wesleyan is authorized to release my transcript, grades, and attendance records to my high school.  Student's Signature Date  Parent/Guardian's Signature Date  I know and recommend the above student for the class(es) listed.  School Counselor's/Principal's Signature Date											
REGISTRAR'S OFFICE USE ONLY Date Entered: Initials:											<b>-</b> S: