STOP! **Before you take these forms and fill them out:**

- You must be a full-time student in good academic standing to be eligible to apply for cross-registration at Wake Forest University.

- Is the course you want to take at WFU one that is **not offered at Salem**? Cross-registration policy states that requests must be for courses **not** available at Salem College.

- Have you checked the WFU catalog to determine if you have satisfied any prerequisites for the course you wish to take?

- If this is for a spring term course, have you arranged your Jan Term so that you will be available on campus or at least in town during January (since Wake courses start during our Jan Term and you cannot start late over there) in order to be able to attend the WFU class?

If the answer to any of these questions is **NO**, then do not fill out these forms! See the Dean of Undergraduate Studies if you have any questions.

**NOTE**

**** WFU requires all students to pay $50 lifetime transcript fee and any applicable parking fees****

****You will be billed separately by WFU and must make arrangements for WFU parking****
SALEM COLLEGE APPLICATION TO CROSS-REGISTER FOR COURSE WORK AT WAKE FOREST UNIVERSITY

STUDENT NAME ________________________________________  CLASS_________________  SALEM ID#_________________

LAST        FIRST        MIDDLE        MAJOR ________________________________________________________________

LOCAL MAILING ADDRESS_________________________________________  SALEM EMAIL__________________________

TERM DURING WHICH COURSE WILL BE TAKEN______________________  PHONE NO._________________________  [ ] Cell  [ ] Residence  [ ] Home

<table>
<thead>
<tr>
<th>DEPT</th>
<th>COURSE NUMBER</th>
<th>CRN</th>
<th>COURSE TITLE</th>
<th>DAYS AND TIME</th>
<th>BUILDING/ROOM</th>
<th>INSTRUCTOR</th>
<th>WAKE FOREST CREDIT VALUE</th>
<th>SALEM COLLEGE CREDIT VALUE</th>
<th>GRADE MODE: [ ] GRADE [ ] PASS/FAIL [ ] AUDIT</th>
</tr>
</thead>
</table>

REASON(S) FOR SELECTION OF THIS COURSE

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

It is understood that the final enrollment in the course at Wake Forest University will depend upon available space and other conditions imposed by the department concerned.

APPROVAL AT SALEM COLLEGE:

DEPARTMENT HEAD OF COURSE CONCERNED
____________________________________________________________________________  DATE______________

HEAD OF YOUR MAJOR DEPARTMENT, OR YOUR FACULTY ADVISER
____________________________________________________________________________  DATE______________

APPROVAL GRANTED:

DEAN OF UNDG. STUDIES, SALEM COLLEGE
____________________________________________________________________________  DATE______________

DEAN, WAKE FOREST UNIVERSITY
____________________________________________________________________________  DATE______________
APPLICATION FOR COURSE WORK AT WAKE FOREST UNIVERSITY

NEW STUDENT DEMOGRAPHIC INFORMATION SHEET

STUDENT NAME ____________________________________________ ____________________________ ____________________________

LAST                                                FIRST                                                M. I.

DATE OF BIRTH __________________

MM / DD / YYYY

SOCIAL SECURITY NUMBER ________________________________

GENDER: [ ] FEMALE        [ ] MALE

NC RESIDENCY: [ ] YES        [ ] NO

CITIZENSHIP ____________________________________________

ETHNICITY: [ ] AFRICAN-AMERICAN (Non-Hispanic)

[ ] ALASKAN NATIVE/AMERICAN INDIAN

[ ] ASIAN/PACIFIC ISLANDER

[ ] HISPANIC

[ ] WHITE (Non-Hispanic)

[ ] MALE

PERMANENT ADDRESS

STREET

CITY                                                STATE                                                ZIP

EMERGENCY CONTACT

NAME ______________________________ PHONE NUMBER ______________________________

STREET

CITY                                                STATE                                                ZIP