



Registrar's Office

(715) 394-8228 (office)
(715) 394-8040 (fax)

www.uwsuper.edu/registrar

Old Main 139, P.O. Box 2000 • Superior, WI 54880

Check Term:
 Fall Semester
 J-Term
 Spring Semester
 Summer College
 Year: _____
 High School Special
 Youth Options

High School Special/Youth Options Registration Form

Last Name **First Name** **M.I.** **Student ID (SID)**

Course Selections

Class No.	Dept. Name	Cat. No.	Sec. No.	Course Title	Class Loc.	Days	Credits	Time	Instructor

I understand that I am enrolling for an official course at UW-Superior and doing so creates an official record (transcript). I understand that should I apply to another higher educational institution, I must request (in writing) that my official transcript be sent from UW-Superior to each transfer institution.

Total Credits _____

Student's Signature

Date