

STUDENT INFORMATION

LEGAL Name (First / Last) _____ Student ID# _____

Address _____

City _____ State _____ Zip Code _____

Phone: Cell- _____ Home- _____ Work- _____

Email (WSU Wildcat email preferred & please include W#) _____

Year _____ Semester _____ Course _____

SPECIFIC ACTION REQUESTED:**REASON FOR REQUEST**

(Please write a brief, clear statement of your request in the space below)

Student Signature _____ Date _____

For Office Use Only**Approved | Denied | Modified**_____
Program Manager Signature _____ Date __________
Director Approval _____ Date _____

CONTACT INFORMATION

Hurst Center for Lifelong Learning
1265 E Village Drive
DEPT 4006
Ogden, UT 84408
Phone: 801-626-6600
Toll-free: 800-848-7770
Email: CE-Enrollment@weber.edu

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