



Central
Washington
University

TERM - YEAR
2025

Return form to: Music Department Chair, 400 E. University Way, Ellensburg, WA 98926-7458 or FAX 509-963-1239

NON-MATRICULATED APPLICATION

Enrolling in MUS 542 (60188) Advanced Conducting (4 credits)
June 20-26

(For any student who is not seeking a degree from CWU)

Please be aware you are not eligible for financial aid.

☐ Ashland OR, American Band College

REQUIRED PERSONAL DATA-PLEASE PRINT

Date of Birth: _____ *SS# _____ CWU ID#: _____

NAME Last _____ First _____ Middle _____ Former _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email _____ ☐ Male ☐ Female

**By law, providing your social security number is optional, but it expedites the processing of your application.*

Washington State Resident ☐ Yes ☐ No If yes, since: ____/____/____

(Residency requirements vary; please contact Registrar Services (509) 963-3001 with residency questions)

U.S. Citizen ☐ Yes ☐ No If no, do you have a permanent resident/green card? ☐ Yes ☐ No

What country are you a citizen of? _____

Do you have a Bachelor's Degree? ☐ Yes ☐ No

Have you taken classes at CWU prior to September 1986? ☐ Yes ☐ No

Are you Spanish/Hispanic/Latino? *(This question is about ethnicity, not race and is Optional.)*

☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican

☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latino *(Specify)* _____

Other *(Specify)* _____

What race/ethnic origin do you consider yourself? Check all that apply. *(Optional)*

☐ White ☐ Black or African American

☐ American Indian or Alaska Native Name of enrolled or principal tribe _____

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese

☐ Other Asian *(Specify)* _____

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander *(Specify)* _____

Other *(Specify)* _____

If you are seeking a CWU degree or certification, please refer to the Admissions Policies

I understand that registration obligates me to make payment of tuition and fees due in full by the last day of change of schedule. Late fees will be assessed on unpaid tuition. Admission to the University is required for Financial Aid Applicants. I understand that I will be assessed a Non-Refundable, Non-Matriculated Application Fee of \$40. This fee will be assessed once each academic year (fall through summer quarters) in which I am a registered, Non-Matriculated student.

Signature: _____ Today's Date: _____ Rev. 04/16/2024



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TERM - YEAR
2025

Return form to: Music Department Chair, 400 E. University Way, Ellensburg, WA 98926-7458 or FAX 509-963-1239

NON-MATRICULATED APPLICATION

Enrolling in MUS 617 (60189) Seminar in Music Education (3 credits)
June 28-29

(For any student who is not seeking a degree from CWU)

Please be aware you are not eligible for financial aid.

☐ Ashland OR, American Band College

REQUIRED PERSONAL DATA-PLEASE PRINT

Date of Birth: _____ *SS# _____ CWU ID#: _____

NAME Last _____ First _____ Middle _____ Former _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email _____ ☐ Male ☐ Female

**By law, providing your social security number is optional, but it expedites the processing of your application.*

Washington State Resident ☐ Yes ☐ No If yes, since: ____/____/____

(Residency requirements vary; please contact Registrar Services (509) 963-3001 with residency questions)

U.S. Citizen ☐ Yes ☐ No If no, do you have a permanent resident/green card? ☐ Yes ☐ No

What country are you a citizen of? _____

Do you have a Bachelor's Degree? ☐ Yes ☐ No

Have you taken classes at CWU prior to September 1986? ☐ Yes ☐ No

Are you Spanish/Hispanic/Latino? *(This question is about ethnicity, not race and is Optional.)*

☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican

☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latino *(Specify)* _____

Other *(Specify)* _____

What race/ethnic origin do you consider yourself? Check all that apply. *(Optional)*

☐ White ☐ Black or African American

☐ American Indian or Alaska Native Name of enrolled or principal tribe _____

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese

☐ Other Asian *(Specify)* _____

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander *(Specify)* _____

Other *(Specify)* _____

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Signature: _____ Today's Date: _____ Rev. 4/16/2024



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TERM - YEAR
2025

Return form to: Music Department Chair, 400 E. University Way, Ellensburg, WA 98926-7458 or FAX 509-963-1239

NON-MATRICULATED APPLICATION

Enrolling in MUS 566 (60184) Wind Ensemble (2 credits)

June 28-July 4

(For any student who is not seeking a degree from CWU)

Please be aware you are not eligible for financial aid.

☐ Ashland OR, American Band College

REQUIRED PERSONAL DATA-PLEASE PRINT

Date of Birth: _____ *SS# _____ CWU ID#: _____

NAME Last _____ First _____ Middle _____ Former _____

Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email _____ ☐ Male ☐ Female

**By law, providing your social security number is optional, but it expedites the processing of your application.*

Washington State Resident ☐ Yes ☐ No If yes, since: ____/____/____

(Residency requirements vary; please contact Registrar Services (509) 963-3001 with residency questions)

U.S. Citizen ☐ Yes ☐ No If no, do you have a permanent resident/green card? ☐ Yes ☐ No

What country are you a citizen of? _____

Do you have a Bachelor's Degree? ☐ Yes ☐ No

Have you taken classes at CWU prior to September 1986? ☐ Yes ☐ No

Are you Spanish/Hispanic/Latino? *(This question is about ethnicity, not race and is Optional.)*

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☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latino *(Specify)* _____

Other *(Specify)* _____

What race/ethnic origin do you consider yourself? Check all that apply. *(Optional)*

☐ White ☐ Black or African American

☐ American Indian or Alaska Native Name of enrolled or principal tribe _____

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese

☐ Other Asian *(Specify)* _____

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander *(Specify)* _____

Other *(Specify)* _____

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Signature: _____ Today's Date: _____ Rev. 04/16/2024