Washington State University
ENROLLMENT CHANGE FORM

Year: 20___   **Term**: ___Fall   ___Spring   ___Summer

Please complete all sections below and PRINT clearly.

NAME   (Last)   (First)   (MI)

ID NUMBER   PHONE

EMAIL ADDRESS

STUDENT SIGNATURE   DATE

Instructions -

<u>Students</u>: Return this form with appropriate signatures to the academic department offering the course. For example, if you are requesting to add COM 101, contact the Communication Department. (A list of department locations is available at https://schedules.wsu.edu) **The department will process your enrollment change by enrolling you or giving you permission to enroll in the course.**

See the Academic Calendar at https://registrar.wsu.edu for all enrollment deadlines.

Course Subject/ Course No.	Sec. No. (e.g., 01)	Class SLN (e.g., 4355)	Course Subject/ Course No.	Sec. No. (e.g., 01)	Class SLN (e.g., 4355)

Actions—Please check all appropriate boxes and obtain all appropriate signatures.

Instructor Signature Needed to:

❒ Add after the 7th day (Variable Cr#___)
❒ Add with time conflict (Instructor of the class you wish to add)
❒ Change Credit from _____ to _____
❒ Change from section ___ to section ___

Instructor Signature:

X:_____

Date Signed: _____

Department Signature Needed to:

❒   Add, if class is full (Variable Cr# __)

Department Signature :

X: _____

Date Signed: _____

Actions—Please check all appropriate boxes and obtain all appropriate signatures.

Instructor Signature Needed to:

❒ Add after the 7th day (Variable Cr#___)
❒ Add with time conflict (Instructor of the class you wish to add)
❒ Change Credit from _____ to _____
❒ Change from section ___ to section ___

Instructor Signature:

X:_____

Date Signed: _____

Department Signature Needed to:

❒   Add, if class is full (Variable Cr# __)

Department Signature :

X: _____

Date Signed: _____