

Washington State University
ENROLLMENT CHANGE FORM

Please complete all sections below and PRINT clearly.

NAME	(Last)	(First)	(Middle)
ID NUMBER	PHONE		
WSU EMAIL ADDRESS	GRAD	UGRD	PHARM
			(Circle one)
STUDENT SIGNATURE		DATE	

Instructions

Students: Return this form with appropriate signatures to the academic department offering the course you wish to enroll in. For example, if you are requesting to add SHS 201, contact the Speech and Hearing Sciences Department. The department will process your enrollment change by enrolling you or give you permission to enroll in the course.

Departments: For the following students, this form must be used to process enrollment changes and submitted as described below.

- Auditing Students.** ONLY students approved for auditing courses need to submit this form to the Campus Registrar, Academic Center, Room 130. Charge (s) may apply. **All other enrollment changes must be processed by the department.**
- Pass/Fail Students.** ONLY students approved for Pass/Fail courses (excluding UCORE/GER's) need to submit this form to the Campus Registrar, Academic Center, Room 130. **All other enrollment changes must be processed by the department.**
- Blended sections/outside career:** ONLY students approved to enroll in an online/blended section or a course outside their career of study need to submit this form to the Campus Registrar, Academic Center, Room 130.

Departments please process all other student enrollment changes. Thank you!

See the academic calendar (registrar.wsu.edu) for add/drop deadlines and (summer.wsu.edu) for summer enrollment change deadlines.

ENROLLMENT REQUESTS Spokane Campus

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

Class Number	Subject	Course Nbr/Section

Action—Please check all appropriate boxes.

Instructor Signature Needed to:

- Add after the 5th day (Variable Cr#___)
- Add with time conflict (Instructor of the class you wish to add)
- Prerequisite Override (Instructor of the class you wish to add)
- Department Consent (Instructor of the class you wish to add)
- Closed class (Instructor of the class you wish to add)
- Change Credit from ____ to ____
- Audit (Variable Cr#___)
- Audit to Credit
- Change from section ____ to section ____

Instructor Signature:

X: _____

Advisor Signature Needed to:

- Add as Pass/Fail (excluding UCORE/GER's)
- Change Letter Graded to Pass/Fail (excluding UCORE/GER's)
- Credits exceed 22 hours

Advisor Signature:

X: _____

Other

- Change Pass/Fail to Letter Graded

Class Number	Subject	Course Nbr/Section

Action—Please check all appropriate boxes.

Instructor Signature Needed to:

- Add after the 5th day (Variable Cr#___)
- Add with time conflict (Instructor of the class you wish to add)
- Prerequisite Override (Instructor of the class you wish to add)
- Department Consent (Instructor of the class you wish to add)
- Closed class (Instructor of the class you wish to add)
- Change Credit from ____ to ____
- Audit (Variable Cr#___)
- Audit to Credit
- Change from section ____ to section ____

Instructor Signature:

X: _____

Advisor Signature Needed to:

- Add as Pass/Fail (excluding UCORE/GER's)
- Change Letter Graded to Pass/ Fail (excluding UCORE/GER's)
- Credits exceed 22 hours

Advisor Signature:

X: _____

Other

- Change Pass/Fail to Letter Graded

REGISTRAR USE ONLY

Processed by:

Date: