

Washington State University Tri-Cities

Enrollment Request Form

Please complete all sections below and PRINT clearly.

NAME (Last)	(First)	(Middle)
ID NUMBER	PHONE:	
EMAIL ADDRESS		
STUDENT SIGNATURE	DATE	

Instructions

Students: Return this form with appropriate signatures to the academic department offering the course. 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 requests or changes and submitted to the Registrar's Office (West 269B)

- Doctoral Students** PhD students approved for Tri-Cities enrollment.
- Auditing Students** ONLY students approved for auditing courses. *All other enrollment changes must be processed by the department.*
- Pass/Fail Students** ONLY students approved for Pass/Fail courses (excluding UCORE/GER's). *All other enrollment changes must be processed by the department.*

Please process all other student enrollment changes. Thank you!

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

REGISTRAR USE ONLY
Processor's initials:
Checked by:
Date:

ENROLLMENT REQUESTS

Tri-Cities Campus

Year: 20__ Term: __ Fall __ Spring __ Summer

Class Number	Subject	Course #/Section	Class Number	Subject	Course #/Section

Action—Please check all appropriate boxes.

Instructor Signature Needed to:

- Enroll (Variable Cr# __)
- Add after the 5th day (Variable Cr# __)
- Add with time conflict (Instructor of the class you wish to add)
- Change Credit from ____ to ____
- Audit (Variable Credit #: ____)
- Audit to Credit
- Change from section ____ to section ____
- Drop (Doctoral Students only)

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

International Program Approval:

Date:

X: _____

Action—Please check all appropriate boxes.

Instructor Signature Needed to:

- Enroll (Variable Cr# __)
- Add after the 5th day (Variable Cr# __)
- Add with time conflict (Instructor of the class you wish to add)
- Change Credit from ____ to ____
- Audit (Variable Credit #: ____)
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Instructor Signature:

X: _____

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- 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

International Program Approval:

Date:

X: _____