

**Washington State University
FACULTY/STAFF
ENROLLMENT CHANGE FORM**

Please complete all sections below and PRINT clearly.

NAME (Last) (First) (Middle)

ID NUMBER PHONE

EMAIL ADDRESS

STUDENT SIGNATURE DATE

Instructions

Students (Staff/Faculty): Submit this form in person with appropriate signatures to the Registrar's Office, Floyd Building, Room 269. The Registrar's Office will process the request.

- The employee's Department Head/ Chair must sign for all changes.
- If the request is to 'Drop' or 'Withdraw' and it is your last course, you must submit a cancellation of enrollment at www.cancel.wsu.edu.

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 Stamp

ENROLLMENT REQUESTS

Tri-Cities Campus

Year: 20____ Term: ___ Fall ___ Spring ___ Summer

Course Subject/ Course No. (e.g., COM 101)	Sec. No. (e.g., 01)	Class SLN (e.g., 4355)
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Course Subject/ Course No. (e.g., COM 101)	Sec. No. (e.g., 01)	Class SLN (e.g., 4355)
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Actions—Please check all appropriate boxes and obtain all appropriate signatures.

Employee's Department Head/Chair Signature Needed for ALL CHANGES:

- Add (Variable Cr# ____)
Meeting Times: _____
- Drop OR Withdraw
Meeting Times: _____
- Change from section ___ to section ___
Meeting Times: _____

Department Head/Chair Signature:
X: _____

Instructor Signature Needed to:

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

Instructor Signature:

X: _____

Department Chair Signature Needed to:

- Add, if class is full (Variable Cr# ____)

Department Chair Signature :

X: _____

Advisor Signature Needed to:

- Add as Pass/Fail (excluding UCORE)
- Change Letter Graded to Pass/Fail (excluding UCORE)

Advisor Signature:

X: _____

Other

- Change Pass/Fail to Letter Graded

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

Employee's Department Head/Chair Signature Needed for ALL CHANGES:

- Add (Variable Cr# ____)
Meeting Times: _____
- Drop OR Withdraw
Meeting Times: _____
- Change from section ___ to section ___
Meeting Times: _____

Department Head/Chair Signature:
X: _____

Instructor Signature Needed to:

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

Instructor Signature:

X: _____

Department Chair Signature Needed to:

- Add, if class is full (Variable Cr# ____)

Department Chair Signature :

X: _____

Advisor Signature Needed to:

- Add as Pass/Fail (excluding UCORE)
- Change Letter Graded to Pass/Fail (excluding UCORE)

Advisor Signature:

X: _____

Other

- Change Pass/Fail to Letter Graded