Washington State University Tri-Cities
Graduate Enrollment Request Form

For Doctoral and Master's students who are NOT able to self-enroll in Tri-Cities course(s), but are approved for Tri-Cities enrollment.
Submit this form with appropriate signatures to the Registrar's Office (Floyd 269) or email to <u>tricities.registrar@wsu.edu</u>.

Year: 20_____   **Term:**   **Fall**   **Spring**   **Summer**

NAME (Last)	(First)	(Middle)	WSU ID NUMBER	PHONE

EMAIL ADDRESS	STUDENT SIGNATURE	DATE

Course Subject/ Course No.	Section No.	Class No.	Course Subject/ Course No.	Section No.	Class No.	Course Subject/ Course No.	Section No.	Class No.	Course Subject/ Course No .	Section No.	Class No.

Advisor/Instructor Signature Needed to:
- ❑ Enroll   (Variable Cr#___)
- ❑ Add after the 5th day   (Variable Cr#___)
- ❑ Add with time conflict (Both instructor signatures required)
- ❑ Change Credit from _____ to _____
- ❑ Add as Audit (Variable Credit #: _____
- ❑ Change Letter Grade to Audit
- ❑ Change Letter Grade to Pass/Fail
- ❑ Change from section ____ to section ____

Advisor/Instructor Name:

_____

Advisor/Instructor Signature:

X: _____

Advisor/Instructor Signature Needed to:
- ❑ Enroll   (Variable Cr#___)
- ❑ Add after the 5th day   (Variable Cr#___)
- ❑ Add with time conflict (Both instructor signatures required)
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- ❑ Change Letter Grade to Audit
- ❑ Change Letter Grade to Pass/Fail
- ❑ Change from section ____ to section ____

Advisor/Instructor Name:

_____

Advisor/Instructor Signature:

X: _____

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Advisor/Instructor Name:

_____

Advisor/Instructor Signature:

X: _____

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- ❑ Change Letter Grade to Pass/Fail
- ❑ Change from section ____ to section ____

Advisor/Instructor Name:

_____

Advisor/Instructor Signature:

X: _____

Department Signature Needed to:
- ❑ Add if class is full   (Variable Cr#____)

Department Signature:

X: _____

Department Signature Needed to:
- ❑ Add if class is full   (Variable Cr#____)

Department Signature:

X: _____

Department Signature Needed to:
- ❑ Add if class is full   (Variable Cr#____)

Department Signature:

X: _____

Department Signature Needed to:
- ❑ Add if class is full   (Variable Cr#____)

Department Signature:

X: _____

REGISTRAR'S OFFICE USE ONLY   Processor's initials: Date: