

# Washington State University Tri-Cities Undergraduate Enrollment Change Form

Please complete all sections below and PRINT clearly.

NAME (Last) (First) (Middle)

WSU 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 review your enrollment request and forward onto the Registrar's Office for processing.

**Departments:** Submit this form with all required signatures to the Registrar's Office (Floyd 269) or email to [tricity.registrar@wsu.edu](mailto:tricity.registrar@wsu.edu).

**Doctoral students:** Use *Graduate Enrollment Request Form* to submit to the Registrar's Office (Floyd 269) or email to [tricity.registrar@wsu.edu](mailto:tricity.registrar@wsu.edu).

**Auditing Students:** Use *Enrollment Change Form—Audit* to submit to the Registrar's Office (Floyd 269) or email to [tricity.registrar@wsu.edu](mailto:tricity.registrar@wsu.edu).

Student Enrollment Forms can be found at:  
<https://tricity.wsu.edu/registrar/student-resources/>

See the Academic Calendar for add/drop deadlines:  
<https://catalog.wsu.edu/Tri-Cities/AcademicCalendar>

### REGISTRAR'S OFFICE USE ONLY

Processor's initials:

Date:

## ENROLLMENT REQUESTS

**Tri-Cities Campus**

Year: 20\_\_ Term: Fall Spring Summer

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

**Action—Please check all appropriate boxes.**

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**Instructor Signature Needed to:**

- Add after the 5th day (Variable Cr# \_\_)
- Change Credit from \_\_\_\_ to \_\_\_\_
- Add as Audit (Variable Credit #: \_\_)
- Change Audit /Credit
- Add with time conflict (both instructor signatures required)
- Change from section \_\_ to section \_\_

**Instructor Signature:**

X: \_\_\_\_\_

**Instructor Signature Needed to:**

- Add after the 5th day (Variable Cr# \_\_)
- Change Credit from \_\_\_\_ to \_\_\_\_
- Add as Audit (Variable Credit #: \_\_)
- Change Audit /Credit
- Add with time conflict (both instructor signatures required)
- Change from section \_\_ to section \_\_

**Instructor Signature:**

X: \_\_\_\_\_

**Advisor Signature Needed to:**

- Add as Pass/Fail (excluding UCORE)
- Change Letter Grade to Pass/Fail (excluding UCORE)
- Change Pass/Fail to Letter Grade
- Credits exceed 22 hours

**Advisor Signature:**

X: \_\_\_\_\_

**Advisor Signature Needed to:**

- Add as Pass/Fail (excluding UCORE)
- Change Letter Grade to Pass/Fail (excluding UCORE)
- Change Pass/Fail to Letter Grade
- Credits exceed 22 hours

**Advisor Signature:**

X: \_\_\_\_\_

**Department Signature Needed to:**

- Approve time conflict
- Add if class is full (Variable Cr# \_\_)
- Add Repeat Class (attach petition)

X: \_\_\_\_\_

**Department Signature Needed to:**

- Approve time conflict
- Add if class is full (Variable Cr# \_\_)
- Add Repeat Class (attach petition)

X: \_\_\_\_\_

**International Program Approval:**

**Date:**

X: \_\_\_\_\_

**International Program Approval:**

**Date:**

X: \_\_\_\_\_