



ENROLLMENT REQUEST FORM

Fill out completely and submit this form with required signatures to the Registrar's Office (Floyd 269) or email to tricity.registrar@wsu.edu.

YEAR: 20 _____				TERM: Fall				Spring				Summer			
NAME (Last)				(First)				(Middle)							
WSU ID #				PHONE				EMAIL							
STUDENT SIGNATURE								DATE							
Course subject & number	Section or Lab	Class #	Credits	Course subject & number	Section or Lab	Class #	Credits	Course subject & number	Section or Lab	Class #	Credits	Course subject & number	Section or Lab	Class #	Credits
Instructor signature required to: <input type="checkbox"/> Add after 7 th day <input type="checkbox"/> Change credit from ___ to ___ <input type="checkbox"/> Add with time conflict (signatures from both instructors required) <input type="checkbox"/> Change sections from ___ to ___ <input type="checkbox"/> Graduate enrollment (advisor sign in place of instructor) Instructor Name _____ <i>Instructor Signature & Date</i> X _____				Instructor signature required to: <input type="checkbox"/> Add after 7 th day <input type="checkbox"/> Change credit from ___ to ___ <input type="checkbox"/> Add with time conflict (signatures from both instructors required) <input type="checkbox"/> Change sections from ___ to ___ <input type="checkbox"/> Graduate enrollment (advisor sign in place of instructor) Instructor Name _____ <i>Instructor Signature & Date</i> X _____				Instructor signature required to: <input type="checkbox"/> Add after 7 th day <input type="checkbox"/> Change credit from ___ to ___ <input type="checkbox"/> Add with time conflict (signatures from both instructors required) <input type="checkbox"/> Change sections from ___ to ___ <input type="checkbox"/> Graduate enrollment (advisor sign in place of instructor) Instructor Name _____ <i>Instructor Signature & Date</i> X _____				Instructor signature required to: <input type="checkbox"/> Add after 7 th day <input type="checkbox"/> Change credit from ___ to ___ <input type="checkbox"/> Add with time conflict (signatures from both instructors required) <input type="checkbox"/> Change sections from ___ to ___ <input type="checkbox"/> Graduate enrollment (advisor sign in place of instructor) Instructor Name _____ <i>Instructor Signature & Date</i> X _____			
Department signature required to: <input type="checkbox"/> Approve time conflict <i>Academic Director Signature & Date</i> X _____				Department signature required to: <input type="checkbox"/> Approve time conflict <i>Academic Director Signature & Date</i> X _____				Department signature required to: <input type="checkbox"/> Approve time conflict <i>Academic Director Signature & Date</i> X _____				Department signature required to: <input type="checkbox"/> Approve time conflict <i>Academic Director Signature & Date</i> X _____			

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