

ENROLLMENT REQUEST FORM

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

		7	TERM:	Fall S			ring	Summer							
NAME (Last)	(First)					(Mi	ddle)								
WSU ID#	PHONE					EM	EMAIL								
STUDENT SIGN						DA	ТЕ								
cubiant Xr	ction 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: Instructor si					ignature required to:			Instructor signature required to:):	Instructor signature required to:			
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☐ Add with time conflict (signatures from both instructors required)				☐ Add with time conflict (signatures from both instructors required)				☐ Add with time conflict (signatures from both instructors required)				☐ Add with time conflict (signatures from both instructors required)			
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☐ Graduate enrollment (advisor sign in place of instructor)				☐ Graduate enrollment (advisor sign in place of instructor)				☐ Graduate enrollment (advisor sign in place of instructor)				☐ Graduate enrollment (advisor sign in place of instructor)			
Instructor Name Instructor N					ame			Instructor Name				Instructor Name			
Instructor Signature & Date Instructor Signature					ignature & Date			Instructor Signature & Date				Instructor Signature & Date			
x x				X				X				X			
Department signature required to: Departmen				signature required to:			Department signature required to:			to:	Department signature required to:				
☐ Approve time conflict ☐ Appr				☐ Approve	ove time conflict			☐ Approve time conflict				☐ Approve time conflict			
Academic Director Signature & Date Academic				Academic 1	Director Signature & Date			Academic Director Signature & Date			Academic Director Signature & Date				
X				X				X			X				

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