

Washington State University
ENROLLMENT CHANGE FORM

Please complete all sections below and PRINT clearly.

NAME (Last) (First) (MI)

ID NUMBER PHONE

EMAIL ADDRESS

STUDENT SIGNATURE DATE

Instructions

Students: Return this form with appropriate signatures to the academic department offering the course. For example, if you are requesting to add COM 101, contact the Communication Department. (A list of department locations is available at www.schedules.wsu.edu) **The department will process your enrollment change by enrolling you or give you permission to enroll in the course.**

Departments: For the following students, this form must be used to process enrollment changes and submitted as described below:

- **Auditing Students.** ONLY students approved for auditing courses need to bring this form to the Registrar's Office, French Administration, Room 346. Charges may apply.
- **Pass/Fail Students.** ONLY students approved for Pass/Fail courses (excluding UCOREs) need to bring this form to the Registrar's Office, French Administration, Room 346.

Please process all other student enrollment changes. Thank you!

See the academic calendar at registrar.wsu.edu for all enrollment deadlines.

REGISTRAR USE ONLY
Processor's initials: Checked by:
Date Stamp

ENROLLMENT REQUESTS

Pullman Campus

Year: 20____ Term: ___Fall ___Spring ___Summer

Course Subject/ Course No.	Sec. No. (e.g., 01)	Class SLN (e.g., 4355)	Course Subject/ Course No.	Sec. No. (e.g., 01)	Class SLN (e.g., 4355)

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

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: _____

Date Signed: _____

Department Signature Needed to:

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

Department Signature :

X: _____

Date Signed: _____

Advisor Signature Needed to:

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

Advisor Signature:

X: _____

Date Signed: _____

Other

- Change Pass/Fail to Letter Graded

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

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: _____

Date Signed: _____

Department Signature Needed to:

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

Department Signature :

X: _____

Date Signed: _____

Advisor Signature Needed to:

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

Advisor Signature:

X: _____

Date Signed: _____

Other

- Change Pass/Fail to Letter Graded