

Washington State University
ENROLLMENT CHANGE FORM

Please complete all sections below and PRINT clearly.

NAME	(Last)	(First)	(Middle)
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. Charge(s) 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 (registrar.wsu.edu) or add/drop deadlines (summer.wsu.edu) for enrollment change 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. (e.g., COM 101)	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: _____

Department Signature Needed to:

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

Department Signature :

X: _____

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: _____

Other

- Change Pass/Fail to Letter Graded

Course Subject/ Course No. (e.g., COM 101)	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: _____

Department Signature Needed to:

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

Department Signature :

X: _____

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: _____

Other

- Change Pass/Fail to Letter Graded