**WASHINGTON STATE UNIVERSITY**
**FACULTY/STAFF**
**ENROLLMENT CHANGE FORM**

Please complete all sections below and PRINT clearly.

<table>
<thead>
<tr>
<th>NAME</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID NUMBER</td>
<td>PHONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STUDENT SIGNATURE</td>
<td>DATE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions**

**Students (Staff/Faculty):** Submit this form in person with appropriate signatures to the Registrar’s Office, French Administration, Room 346. The Registrar’s Office will process the request.

- The employee’s Department Head/Chair must sign for all changes.
- If the request is to ‘Drop’ or ‘Withdraw’ and it is your last course, you must submit a cancellation of enrollment at www.cancel.wsu.edu.

See the academic calendar (registrar.wsu.edu) or add/drop deadlines (summer.wsu.edu) for enrollment change deadlines.

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### ENROLLMENT REQUESTS

#### Pullman Campus

<table>
<thead>
<tr>
<th>Year: 20____</th>
<th>Term: ___Fall</th>
<th>___Spring</th>
<th>___Summer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Section Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

- Employee’s Department Head/Chair Signature Needed for ALL CHANGES:
  - Add (Variable Cr#____)  
    Meeting Times:__________________
  - Drop OR Withdraw  
    Meeting Times:__________________
  - Change from section ___ to section ___  
    Meeting Times:__________________

**Department Head/Chair Signature:**

X:___________________________

**Instructor Signature Needed to:**

- Add after the 5th day (Variable Cr#____)  
  Meeting Times:__________________
- Add with time conflict (Instructor of the class you wish to add)  
  Meeting Times:__________________
- Change Credit from _____ to _____  
  Meeting Times:__________________
- Audit Credit: _______  
  Meeting Times:__________________
- Audit to Credit  
  Meeting Times:__________________
- Change from section ___ to section ___  
  Meeting Times:__________________

**Instructor Signature:**

X:___________________________

**Department Chair Signature Needed to:**

- Add, if class is full  
  Meeting Times:__________________

**Department Chair Signature:**

X:___________________________

**Advisor Signature Needed to:**

- Add as Pass/Fail (excluding GERs)  
  Meeting Times:__________________
- Change Letter Graded to Pass/Fail  
  Meeting Times:__________________

**Advisor Signature:**

X:___________________________

**Other**

- Change Pass/Fail to Letter Graded  
  Meeting Times:__________________

**Other**

- Change Pass/Fail to Letter Graded  
  Meeting Times:__________________

**REGISTRAR USE ONLY**

Processor’s initials:

Checked by:

Date Stamp

WSU Office of the Registrar Form, August 2011