Washington State University
FACULTY/STAFF
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 (*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.

REGISTRAR USE ONLY

Processor's initials:
Checked by:

Date Stamp

WSU Office of the Registrar Form, August 2011

ENROLLMENT REQUESTS   Pullman Campus

Year: 20_____   **Term**: ___Fall   ___Spring   ___Summer

Course Prefix	Course Number	Section Number

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#___)
❒ Add with time conflict (Instructor of the class you wish to add)
❒ Change Credit from _____ to _____
❒ Audit   Credit: _____
❒ Audit to Credit
❒ Change from section ___ to section ___

Instructor Signature:
X: _____

Department Chair Signature Needed to:
❒ Add, if class is full

Department Chair Signature :
X: _____

Advisor Signature Needed to:
❒ Add as Pass/Fail (excluding GERs)
❒ Change Letter Graded to Pass/Fail

Advisor Signature:
X: _____

Other
❒ Change Pass/Fail to Letter Graded

Action—Please check all appropriate boxes.

Course Prefix	Course Number	Section Number

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#___)
❒ Add with time conflict (Instructor of the class you wish to add)
❒ Change Credit from _____ to _____
❒ Audit   Credit: _____
❒ Audit to Credit
❒ Change from section ___ to section ___

Instructor Signature:
X: _____

Department Chair Signature Needed to:
❒ Add, if class is full

Department Chair Signature :
X: _____

Advisor Signature Needed to:
❒ Add as Pass/Fail (excluding GERs)
❒ Change Letter Graded to Pass/ Fail

Advisor Signature:
X: _____

Other
❒ Change Pass/Fail to Letter Graded