

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

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 Signature Needed to:

- ☐ Add, if class is full

Department 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

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 Signature Needed to:

- ☐ Add, if class is full

Department 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