### Washington State University Tri-Cities
**Enrollment Request 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**: Return this form with appropriate signatures to the academic department offering the course. The department will process your enrollment change by enrolling you or giving you permission to enroll in the course.

**Department**: For the following students, this form must be used to process enrollment requests or changes and submitted to the Registrar’s Office (West 269B)

- **Doctoral Students** PhD students approved for Tri-Cities enrollment.
- **Auditing Students** ONLY students approved for auditing courses.
- **International Program Students**
- **Pass/Fail Students** ONLY students approved for Pass/Fail courses (excluding UCORE/GER’s).

Please process all other student enrollment changes. Thank you!

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

### REGISTRAR USE ONLY

Processor’s initials:
Checked by:
Date:

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### ENROLLMENT REQUESTS

<table>
<thead>
<tr>
<th>Tri-Cities Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: 20___ Term: Fall Spring Summer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class Number</th>
<th>Subject</th>
<th>Course #/Section</th>
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<th>Course #/Section</th>
</tr>
</thead>
</table>

### Action—Please check all appropriate boxes.

- **Instructor/Advisor (for Ph.D. students):**
  - Enroll (Variable Cr# ___)
  - Add after the 5th day (Variable Cr# ___)
  - Add with time conflict (Instructor of the class you wish to add)
  - Change Credit from ___ to ___
  - Audit (Variable Credit #: ___)
  - Audit to Credit
  - Change from section ___ to section ___

**Instructor/Advisor (for PhD) Signature:**
X: __________________________

- **Academic Advisor:**
  - Add as Pass/Fail (excluding UCORE/GER’s)
  - Change Letter Graded to Pass/Fail (excluding UCORE/GER’s)
  - Credits exceed 22 hours

**Advisor Signature:**
X: __________________________

- **Department Approval:**
  - Change Pass/Fail to Letter Graded
  - Full Class
  - Repeat Class

**Department Approval:**
X: __________________________

- **International Program Approval:**

**International Program Approval:**
X: __________________________

WSU TC Registrar’s Office August 2014