STUDENT DATA:

Name: (Please print) _________________________________________________________________

Last                     First                                             M.I.

Signature: ______________________________________________________________________

SID: ___________________________ Student ID

Phone: (_____) _____________________________ WOU Email: __________________________________

COURSE DATA:

Term/Year _______ Prefix/ Course ________________ Credits ___________________ $__________

Course Title: ____________________________________________________________________

Grading Method: _____ A-F _____ P/NC Course Level: _____ UG _____ Graduate

Brief Course Description: (required – see instructions on reverse)

___________________________________________________________________________________________

___________________________________________________________________________________________

Need for By Arrangement: (required – see instructions on reverse)

___________________________________________________________________________________________

___________________________________________________________________________________________

Instructor’s Name: __________________________________________________________________

Please Print

Is there an international component to this course OR will student complete the coursework while out of the country? Yes □ No □

If yes, student should make an appointment with Study Abroad and International Exchanges, APSC 501, to obtain the correct forms.

APPROVAL SIGNATURES: (All signatures must be obtained in the order listed below.)

Instructor: ____________________________ Date: _________________

Advisor (COE only): ____________________________ Date: _________________

Department Head (LAS Only): ____________________________ Date: _________________

Division Chair: ____________________________ Date: _________________

Dean: ____________________________ Date: _________________

Note: To complete registration, submit this signed form to the Registrar’s Office PRIOR TO THE APPROPRIATE DEADLINE. See the Schedule of Classes for deadline information.

Revised 12/10/2008
INSTRUCTIONS

This form is intended to facilitate enrollment in “by arrangement” or individual studies courses which do not appear in the Schedule of Classes. Courses covered by this form are usually a one-to-one effort between student and instructor.

PREFIX/COURSE NUMBERS:

Please check the current catalog for specific listings in your discipline.

SIGNATURES:

The form should be completed jointly by the instructor and the student to ensure a clear understanding of the complete agreement about course content.

TITLE:

Banner limits to 14 characters on the transcript. Excessively descriptive titles will be severely truncated on the student’s record.

COURSE DESCRIPTION:

This form will be the only source of information in the Registrar’s Office regarding the nature of the work done by the student. For future reference, please provide information on the requirements of the course.

PURPOSE:

Please provide an explanation of why this course is being offered as by arrangement.

Revised 12/10/2008