Western Oregon UNIVERSITY

OFFICE OF THE REGISTRAR

ADD/DROP REQUEST

Student Identification Number										
V			-			-				

Term/Year _____

_____ _____ _____ _____

Last Name First Name Middle Name Other Name(s)

_____ _____ _____ _____ _____@wou.edu

Street Address City State Zip Code **WOU E-mail Address Only**

Phone Number (_____) _____ Message OR Cell Phone (____) _____

ADD							
CRN	**Prefix & Course#**	**Course Title**	**Credits**	**Grade Method**	**Reason**	**Instructor Signature Required**	**Date Signed**
				□ A-F (default) □ **S**/NC □ Audit	Do not override if prerequisite approval is required □ Do not override if there is a time conflict □ Do not override if the class is full □		
				□ A-F (default) □ **S**/NC □ Audit	Do not override if prerequisite approval is required □ Do not override if there is a time conflict □ Do not override if the class is full □		
				□ A-F (default) □ **S**/NC □ Audit	Do not override if prerequisite approval is required □ Do not override if there is a time conflict □ Do not override if the class is full □		
DROP	**Note: To drop ALL classes a cancellation or withdrawal form is REQUIRED. Check with the Registrar's Office.**						

TOTAL CREDITS (Including Courses Audited) _____

OVERLOAD APPROVAL FORM REQUIRED IF TOTAL CREDITS EXCEED 18 (Undergraduates) or 16 (Graduates)

_____ _____

STUDENT SIGNATURE DATE

Please refer to the Academic Calendar in the WOU Catalog for tuition and payment deadlines, and other important information.

The information is also available online at http://www.wou.edu/provost/registrar.

Office of the University Registrar

345 North Monmouth Avenue · Monmouth, Oregon 97361 · 503-838-8327 · Fax: 503-838-9696 · www.wou.edu