### OFFICE OF THE REGISTRAR

**By Arrangement Enrollment Form**

***Instructions on Reverse***

<table>
<thead>
<tr>
<th>STUDENT DATA:</th>
<th>COURSE DATA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________________</td>
<td>Term/Year: ___</td>
</tr>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Signature: _________________________</td>
<td>Special Course Fee: ___</td>
</tr>
<tr>
<td>Student ID Number: ________________________________</td>
<td>Instruction Method</td>
</tr>
<tr>
<td>Phone: (___) __________________________</td>
<td>Local (PT.1)</td>
</tr>
<tr>
<td>WOU Email: __________________________</td>
<td>Distance (PT.10)</td>
</tr>
</tbody>
</table>

**Instruction Method**

- Local (PT.1)
- Distance (PT.10)

**Grade Method:**

- A-F
- P/NC
- S/NC

**Course Level:**

- UG
- GR

**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 the student complete the course work 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 online Academic Calendar for deadline information.

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Office of the Registrar

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

This form is intended to facilitate enrollment in “by arrangement” or individual studies courses. Courses covered by this form are usually a one-to-one effort between student and instructor.

NOTE: There is a credit limitation of a total of 12 hours of each open-ended course set: (199, 399) (403) (406, 407, 408) (409) to be used to meet bachelor degree requirements.

PREFIX/COURSE NUMBER:

Please verify that the course prefix, course number, and credits are listed in the current catalog.

TITLE:

Banner limits the title on the transcript to 14 characters.

GRADE METHOD:

S/NC will count as elective credit only.

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, such as course objectives; expectations of students regarding readings, assignments and projects; weight of assignments for determining grades if different from course syllabus; timelines for when student assignments are due.

NEED FOR BY ARRANGEMENT:

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

SIGNATURES:

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