



Student Identification Number	
V	

Term: **Fall** Year: _____
Winter
Spring
Summer

First Name _____ Last Name _____ Other Name(s) _____
 Cell Phone (_____) _____ WOU email _____

STUDENT SECTION				
ADD CRN	Prefix & Course#	Course Title	CR	Grade Method
				<input type="checkbox"/> A-F (default) <input type="checkbox"/> S/NC <input type="checkbox"/> Audit
				<input type="checkbox"/> A-F (default) <input type="checkbox"/> S/NC <input type="checkbox"/> Audit
				<input type="checkbox"/> A-F (default) <input type="checkbox"/> S/NC <input type="checkbox"/> Audit

INSTRUCTOR SECTION		
Instructor Print Name and Signature	Do NOT override:	Date
	<input type="checkbox"/> Prerequisite requirement <input type="checkbox"/> Time conflict <input type="checkbox"/> Course capacity	
	<input type="checkbox"/> Prerequisite requirement <input type="checkbox"/> Time conflict <input type="checkbox"/> Course capacity	
	<input type="checkbox"/> Prerequisite requirement <input type="checkbox"/> Time conflict <input type="checkbox"/> Course capacity	

DROP CRN	Prefix & Course#	Course Title

IMPORTANT INFORMATION:

- To drop **ALL** courses, you must complete a withdrawal or cancellation request. Contact the Registrar's Office.
- Courses that are waitlisted **CANNOT** have their capacity overridden until the waitlist period is over. If you submit this form before the waitlist period is over, you will be added to the waitlist if the waitlist is not full.
- If you intend to take more than 20 credits in a term as an undergraduate (or more than 16 credits as a graduate), you must complete an overload petition to request permission. Petition forms are available at www.wou.edu/registrar/forms.

By signing this form, I acknowledge that I am financially responsible for the tuition and fees associated with the above course(s). I also acknowledge that I am academically responsible for the above course(s). I acknowledge that it is my responsibility to be aware of deadlines for adding/dropping/withdrawing from courses.

Student Signature

FOR OFFICE USE ONLY

Date Received: _____ Processed by: _____

Comments: _____