

ADD/DROP REQUEST

Term/Ye	ear					V	-	<u> </u>	
Last Name Street Address			First Name	2	Middle Name State Zip Code		Other Name(s) @wou.edu WOU E-mail Address Only		
Phone N)	Messa	ge OR Cell Pho					
ADD	Student Sect	cion	<u> </u>	T	Instructor Section				
CRN	Prefix & Course#	Course Title	Credits	Grade Method	Reason		Instructor Signature Required		Date Signed
				□ A-F (default) □ S/NC □ Audit	required □	orerequisite approval is here is a time conflict he class is full			
				□ A-F (default) □ S/NC □ Audit	required □	orerequisite approval is here is a time conflict he class is full			
				□ A-F (default) □ S/NC □ Audit	required □	orerequisite approval is here is a time conflict he class is full			
DROP	Note: To drop ALL classes a cancellation or withdrawal form				m is REQUIRED	O. Check with the R	Registrar's Office.		
TOTAL CREDITS (Including Courses Audited) OVERLO					OAD APPROVAL FORM REQUIRED IF TOTAL CREDITS EXCEED 18 (Undergraduates) or 16 (Graduates)				
SIGNATURE						<u></u> DATE		Revise	ed 11/04/2011

 $Please see the Academic \ Calendar \ in the \ Course \ Catalog \ for \ tuition \ and \ payment \ deadlines. \ More \ information \ is \ also \ available \ at \ \underline{wou.edu/provost/registrar}.$