WASHINGTON STATE UNIVERSITY SPOKANE
REGISTRATION FORM

This form is to be used for initial registration only. Changes to enrollment should be done on the Drop/Add Enrollment Change Form

Semester: ☐ Fall ☐ Spring Summer

Year: _____

COMPLETE THIS SECTION AT ALL TIMES

NAME (LAST) (FIRST) (MIDDLE INIT)

STUDENT SIGNATURE DATE

PHONE

EMAIL

STUDENT I.D. NUMBER

For Audit Only

☐ Full Fee Paying Student

☐ Senior Citizen

☐ Faculty/Staff fee waiver

Audit fee is non-refundable

1. PRINT NAME, SIGN & DATE FORM; INCLUDE PHONE NUMBER.
2. PRINT STUDENT I.D. NUMBER IN DESIGNATED BOX.
3. COMPLETE FORM & OBTAIN SIGNATURES IF REQUIRED.
4. SUBMIT COMPLETED REGISTRATION FORM TO STUDENT SERVICES, SHSB 125E.

PERMIT TO AUDIT LECTURE COURSE

Approval is granted for this applicant to audit

X_____ ___/___/___
Instructor of Course Date

COURSE REQUEST INFORMATION

COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	Credit Hours	Pass Fail	CLN #	ADVISOR'S SIGNATURE (PASS-FAIL OPTION ONLY)