
Student ID _____ **Last Name** _____ **First Name** _____

Summer Fall Winter Spring Year: _____

CRN: _____ **Course subject & number:** _____

Instructor Name: _____

Instructor Signature: _____ Date: _____

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

Student Signature: _____ Date: _____

Directions: Complete this form and email a PDF copy or picture to registrar@wou.edu from your WOU email address. The Office of the Registrar can accept instructor emails in place of instructor signatures. Forward or attach the instructor emails when you submit your document. Reach out to the Office of the Registrar if you have questions or require assistance (503) 838-8327.

Office use only:

Received by & date _____

SFAREGS (U/AU) Notified Student

Processed by & date _____