

UNIVERSITY OF WASHINGTON



OUT OF QUARTER COURSE ADD

Office of the Registrar

Name (LAST, FIRST & INITIAL)	Submit to: Registration Office, 225 Schmitz Hall, Box 355850 Or via fax: (206)616-3660
Daytime Phone Number	Student ID Number
EMAIL ADDRESS	Quarter & Year Requested for Add

COURSE TO BE ADDED

SLN	DEPT	COURSE #	SECTION	CREDITS	FACULTY CODE
STUDENT'S COLLEGE	STUDENT'S MAJOR	STUDENT'S CLASS STANDING		REASON FOR REQUEST	

REQUIRED SIGNATURES

This form is to be used if a student needs to take a course that will not be offered again before the student's expected graduation date. To add the course listed above, the Faculty Code of the person offering to teach the course **must** be included along with the signatures indicated below.

Student's Signature _____ Date _____

Instructor's Signature _____ Print name _____

Phone _____ Box# _____ Date Signed _____

Dept Chair or designee's signature _____ Print Name _____

Phone _____ Box # _____ Date Signed _____

College Dean or designee's signature _____ Print Name _____

Phone _____ Box # _____ Date Signed _____

FOR OFFICE USE ONLY

Date to Time Schedule office: _____

Course Added by: _____ Date _____