**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 I.D. NUMBER

STUDENT SIGNATURE DATE

PHONE

EMAIL

For Audit Only

SSN :

Local Address:

- ❑ Full Fee Paying Student
- ❑ Senior Citizen
- ❑ Faculty/Staff fee waiver

**Audit fee is non-refundable**

DIRECTORY INFORMATION: The university will include your name, address, major, class, and phone number in the campus directory and release directory type information outside the university unless each semester you indicate otherwise in the space provided below.

**DO NOT RELEASE INFORMATION……..**☐

**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 AFFAIRS, SAC 130.**

**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 | CR | P/F | REPEAT | ADVISOR'S SIGNATURE (PASS-FAIL OPTION ONLY) |
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Optional Student Medical Insurance:

You must be enrolled 7 or more credit hours to be eligible

**Please mark one**:

- ☐ STUDENT ONLY
- ☐ STUDENT & SPOUSE
- ☐ STUDENT, SPOUSE, & CHILDREN
- ☐ STUDENT & CHILDREN

OR

☐ I DO *NOT* WANT MEDICAL INSURANCE

_____
(SIGNATURE REQUIRED)