

ARRANGED COURSE PERMIT

THIS FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO Add/Drop DEADLINES

Not valid for course numbers ending in: 90, 91, 96, 98, or 99

Site: **CWU-Ellensburg** **CWU-Des Moines** **CWU-Lynnwood** **CWU-Pierce County**
 CWU-Moses Lake **CWU-Wenatchee** **CWU-Yakima** **CWU-Online**

Student's Printed Name	DATE	Class Standing:
		Undergraduate (No BA or BS degree)
		Post Baccalaureate Graduate
CWU ID #	Cum GPA	
Subject	Catalog #	Section
		Units
		Term
		Year
		If Summer, what session?

Course Title: _____ Class Number (Entered by Registrar Services) _____

Instructor's ID # _____

Instructor's Signature: _____ Instructor's Printed Name: _____

Department Chair's Signature: _____ Chair's Printed Name _____

Dean or Associate Dean's Signature _____ Dean's Printed Name _____

Graduate Program director's Signature: _____ Program Director's Printed Name: _____

(Graduate students must also obtain the approval of their Graduate Program Director before enrollment.)