



CENTRAL WASHINGTON UNIVERSITY

ARRANGED COURSE PERMIT

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

Not valid for courses numbered _90's, _91's, _96's, _98's or _99's

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

Student's Printed Name _____ DATE _____
CWU ID # _____ Cum GPA _____
Class Standing:
 Undergraduate (No BA or BS degree)
 Post Baccalaureate Graduate

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 _____

Rev: 9/13/2010



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