



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

_____		_____		Class Standing:		
Student's Printed Name		DATE		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.)