



**WESTERN MICHIGAN UNIVERSITY**

Office of the Registrar

1903 W. Michigan Avenue  
Kalamazoo, MI 49008-5256  
(269) 387-4300  
wmich.edu/registrar

# Permission to Register a Course

*Please print clearly*

Student Name (Last):		(First):	(M.I.)	Birth Date:	WIN:
Which semester/session are you requesting to add:	Year:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II			

CRN	Department	Course Number	Credit Hours	Credit Options
				<input type="checkbox"/> Letter Grade <input type="checkbox"/> Credit/No Credit <input type="checkbox"/> Audit

**Comments:**

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I have read and agree to the financial responsibility statement at [wmich.edu/accounts-receivable/students/financialresponsibilityagreement](http://wmich.edu/accounts-receivable/students/financialresponsibilityagreement).

**Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to the Registrar's Office for processing.