Please print: Student Name _____ WSU ID # _____
(last) (first) (middle initial)

SUPPLEMENTAL REGISTRATION FORM
WSU Vancouver

This form is used to register for internships, 499's, 702's, or other courses arranged on an individual basis through a WSU faculty member.

Please submit the completed form to the WSU Vancouver registrar's office (VSSB 200), with all required signatures, and course information (department prefix, course number, and amount of credits).

Current Term Registration: If registration for this course will result in additional fees for the current semester, payment must accompany this form or the course will not be added to your schedule.

Questions should be directed to the registrar's office at 360-546-9565 or 360-546-9553.

ADDITIONAL STUDENT INFORMATION

SSN _____ Date of birth _____
(used for identification purposes only) (month/day/year)

Major _____ Day phone _____

E-mail _____

GENERAL INFORMATION

Registration is for *(check one)*: ___ fall _____ (year)
___ spring
___ summer

COURSE INFORMATION

Dept prefix _____ Course # _____ Number of credits _____

AUTHORIZATION

_____ _____
Student's signature date

_____ _____ _____
Supervising instructor's **PRINTED** name Supervising instructor's signature date