UNIVERSITY OF WASHINGTON

OUT OF QUARTER COURSE ADD

Office of the Registrar

Name (LAST, FIRST & INITIAL)  
Submit to:  
Registration Office, 225 Schmitz Hall, Box 355850  
Or via fax: (206)616-3660  
Daytime Phone Number  
Student ID Number  
EMAIL ADDRESS  
Quarter & Year Requested for Add

<table>
<thead>
<tr>
<th>COURSE TO BE ADDED</th>
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<tbody>
<tr>
<td>SLN</td>
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<tr>
<td>STUDENT’S COLLEGE</td>
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REQUIRED SIGNATURES

This form is to be used if a student needs to take a course that will not be offered again before the student’s expected graduation date. To add the course listed above, the Faculty Code of the person offering to teach the course must be included along with the signatures indicated below.

Student's Signature__________________________ Date ______________

Instructor's Signature________________________ Print name____________________

Phone____________ Box# __________ Date Signed ______________

Dept Chair or designee’s signature________________________ Print Name____________________

Phone____________ Box #__________ Date Signed ______________

College Dean or designee’s signature________________________ Print Name____________________

Phone____________ Box #__________ Date Signed ______________

FOR OFFICE USE ONLY

Date to Time Schedule office:______________

Course Added by:_________________________ Date__________