

ENROLLMENT REQUEST (Special Circumstance)

Student First Name	Last Name	Student ID Number	Phone	Semester
to ensure that required signa enrollment requests are subje	tures/approvals are include ect to approval; the student	and Records staff to adjust enrollr d, payment is made (if applicable) is responsible to check their acco ent (if applicable), and to make pa	, and this form is subn unt in myWNC to dete	nitted by deadlines. All rmine if the enrollment request
Student Signature		Date		
Requests to add full	classes will not be	processed without con	sent from the a	pplicable Division.
Course(s) to add: 1) Course Registration Nu Is the class full? Yes	mber (i.e. 32876): ☐ No NOTE: If the cl	Prefix/Number (i.e. ass is full, request will not be p	BUS 101) :	
Instructor Name (Print):	Ins	tructor Signature – required La	te Reg:	Date:
If applicable: Division Sign	ature		Date:	
2) Course Registration Nu Is the class full? Yes	mber (i.e. 32876): No NOTE: If the cl	Prefix/Number (i.e. ass is full, request will not be p	BUS 101) :	
Instructor Name (Print):	Ins	tructor Signature – required La	te Reg:	Date:
If applicable: Division Sign	ature		Date:	
3) Course Registration Nu Is the class full? Yes	mber (i.e. 32876): No NOTE: If the cl	Prefix/Number (i.e. ass is full, request will not be p	BUS 101) : processed unless Div	
Instructor Name (Print):	Ins	tructor Signature – required La	te Reg:	Date:
If applicable: Division Sign	ature		Date:	
Course(s) to drop: 1) Course Number (i.e. 32	876): Prefix/N	lumber (i.e. BUS 101):		
2) Course Number (i.e. 32	876): Prefix/N	lumber (i.e. BUS 101):		
3) Course Number (i.e. 32	876): Prefix/N	lumber (i.e. BUS 101):		