ENROLLMENT REQUEST (Special Circumstance)

Student First Name  Last Name  Student ID Number  Phone  Semester

A student signature on this form authorizes Admissions and Records staff to adjust enrollment as requested below. The student is responsible to ensure that required signatures/approvals are included, payment is made (if applicable), and this form is submitted by deadlines. All enrollment requests are subject to approval; the student is responsible to check their account in myWNC to determine if the enrollment request was processed, to check for the accuracy of the enrollment (if applicable), and to make payment according to payment deadlines.

____________________________________________________________________________________________________

Requests to add full classes will not be processed without consent from the applicable Division.

Course(s) to add:
1) Course Registration Number (i.e. 32876): ___________  Prefix/Number (i.e. BUS 101): ___________  □ Credit  □ Audit
   Is the class full?  □ Yes  □ No  NOTE: If the class is full, request will not be processed unless Division has granted consent.
   Instructor Name (Print): __________________  Instructor Signature – required  Late Reg: ___________  Date: _______

   If applicable: Division Signature ______________________________________  Date: ___________

2) Course Registration Number (i.e. 32876): ___________  Prefix/Number (i.e. BUS 101): ___________  □ Credit  □ Audit
   Is the class full?  □ Yes  □ No  NOTE: If the class is full, request will not be processed unless Division has granted consent.
   Instructor Name (Print): __________________  Instructor Signature – required  Late Reg: ___________  Date: _______

   If applicable: Division Signature ______________________________________  Date: ___________

3) Course Registration Number (i.e. 32876): ___________  Prefix/Number (i.e. BUS 101): ___________  □ Credit  □ Audit
   Is the class full?  □ Yes  □ No  NOTE: If the class is full, request will not be processed unless Division has granted consent.
   Instructor Name (Print): __________________  Instructor Signature – required  Late Reg: ___________  Date: _______

   If applicable: Division Signature ______________________________________  Date: ___________

Course(s) to drop:
1) Course Number (i.e. 32876): ________  Prefix/Number (i.e. BUS 101): ___________

2) Course Number (i.e. 32876): ________  Prefix/Number (i.e. BUS 101): ___________

3) Course Number (i.e. 32876): ________  Prefix/Number (i.e. BUS 101): ___________