



Registration Activity Form
Office of the Registrar
Internal/Departmental Request

Year: _____

Term:
Spring
Summer
Fall

Student Information

LAST FIRST UID

Requestor Information

NAME TITLE

DEPARTMENT PHONE EMAIL

SIGNATURE (if sending by fax or interoffice mail) DATE

I certify that the student has been informed of this registration activity.

Course Registration Activity

ADD	DROP	CRN	DEPT	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

Course Fee Refund

- For drop after start of term
- Student waiver of textbook/software access fees

Reason for Non-Student Initiated Registration Request

RETURN COMPLETED FORM VIA:

FileLocker to: wsureg
Fax (937) 775-5597
Campus Mail 248MS
Password-Protected Email wsu-registrar@wright.edu

Office Use:
