

ACCESS STUDENT REGISTRATION FORM

Failure to accurately and legibly complete all sections of this form will delay your registration process and may result in being denied access to the course(s). Where applicable, entry codes must be obtained from the academic department which offers the course. You must register in person at the Student Affairs Office.

QUARTER _____ YEAR _____		ACCESS Student Number _____	
Name (Last First M.I.)		Social Security Number	
Address (Street Apt #)		Home Telephone	
City State Zip		Work Telephone	
Former Name (if applicable)	Date of Birth	Have you ever enrolled for an ACCESS course at the UW?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSTRUCTIONS:

If the class is closed (full), you must get permission from the professor and their signature in order to audit their class. After obtaining the professor's signature, present this form to the program office that offers the course and obtain an entry code.

SLN	Course Number	Section	Audit	Course Name
			✓	
Is this class closed (full)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you checked 'yes', you must obtain the professor's signature and entry code.	
I grant permission for this ACCESS student to overload my class: (instructors signature →)			X	
Entry Code Number (obtain from program office):				
SLN	Course Number	Section	Audit	Course Name
			✓	
Is this class closed (full)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you checked 'yes', you must obtain the professor's signature and entry code.	
I grant permission for this ACCESS student to overload my class: (instructors signature →)			X	
Entry Code Number (obtain from program office):				

For office use only: Date Received _____ Date Processed _____ Staff Initial _____