

## Office of the University Registrar

25 University Avenue, West Chester, PA 19383

Ph: 610-436-3541 Fx: 610-436-2370

www.wcupa.edu/registrar registrar@wcupa.edu

## WCU ID#

Required

## **ADD CLOSED COURSE**

Registrar's o	office has pr I <i>must sign</i>	ocessed, <b>the stu</b> each course gro	dent will be re anting your pe	esponsible for register	ing for the course. <i>The department e closed course.</i> Forms must be filed l.	
Term: ☐ Fall ☐ Win			nter	☐ Spring	□ Summer	
(Year)			(Year)	(Year)	(Year & Session)	
Student Na	ame:				Phone:	
Please add	this class:					
Class #	Subject	Catalog #	Section	Course Title		
Time	Room	Credits		Department Chair's Printed Name		
Date			Department Chair's Signature			
Please add this class:						
Class #	Subject	Catalog #	Section	Course Title		
Time	Room	Credits		Department Chair's Printed Name		
	Date		Department Chair's Signature			
Please add	this class:					
Class #	Subject	Catalog #	Section	C	Course Title	
Time	Room	Credits		Danartment Chai	ir's Printed Name	
Time	ROOM	Cicuits	Department Chair's Printed Name			
Date				Department Chair's Signature		
but that I mu Student's s	ust enroll m signature (	yself in the class (required):	via myWCU bel	fore the Drop/Add Perio	will be granted permission to enroll, d deadline for the semester.  Date:	
			_			
			<u>Offic</u>	e Use Only		
Processed by: Date:						