Office of the
University Registrar
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____
Required

ADD CLOSED COURSE FORM

Instructions: Please complete all information on the form and return to the Registrar's Office for processing. The instructor must sign each course granting your permission to enroll in the closed course. The department chairperson may sign in place of the instructor. Form must be filed by the end of the Add Period for the semester student wishes to be enrolled.

Term: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____
(Year) (Year) (Year & Session)

Student Name: _____

Please add this class:

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	
Date			**Instructor's Signature**	

Please add this class:

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	
Date			**Instructor's Signature**	

Please add this class:

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	
Date			**Instructor's Signature**	

Student's signature/Date (required): _____

Signature of Spec. Assistant or designee (if applicable): _____

Office Use Only

Processed by: _____ Date: _____