Admission To Take A Class: AUDIT ONLY

WSU ID # _____

No application fee required, Please type or print if not using the fillable form.

I wish to apply for admission at Washington State University (WSU) for the following semester to audit classes: *(check one)*   Fall   Spring   Year 20_____

I am auditing as: **Faculty/Staff**: Attach the completed Tuition Waiver Request form.

Senior Citizen: Attach the completed Senior Citizen Tuition Waiver Request form.
  NOTE: Must be a resident of Washington
All Others: Attach the completed Enrollment Change form.
  NOTE: Audit Only students pay a registration fee per audit hour.

Have you previously applied for admission to WSU?   No   Yes, term/year_____

Have you previously attended WSU?   No   Yes, term/year_____

Legal Name _____ Date of Birth: _____
          Last, First, Initial   *mm/dd/yy*

Former Name(s): _____   Male   Female

Mailing Address: _____County:_____
          Street, City, State, Zip

Permanent Address:_____County:_____
          List only if different from Mailing Address

Phone Number: _____ Email Address: _____

Country of Citizenship *(if not U.S.A.)* _____ Type of Visa _____

Veteran?   No   Yes, Date of enlistment: _____ Date of probable discharge: _____
                              mm/dd/yy   *mm/dd/yy*

Resident of Washington?   No   Yes

Dates of most recent physical residence in WA: start:_____to:_____
                                                                    mm/dd/yy

I certify, that to the best of my knowledge, all statements I have made in this application are complete and true. By typing my name in the signature box, I certify that this is my digital signature.

Signature _____ Date _____
                                                                                          mm/dd/yy

(Program "Non Degree" Plan "Audit Only".)