

**University of Washington / UW EDGE
Non-Matriculated Student Registration Approval**

Quarter _____ Year _____

Name _____

Social Security Number _____ UW ID Number _____

Course Information

Course Name & Number	Audit _____ Yes _____ No
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Please describe your interest in the course and any related experience:

Approvals

Instructor Signature	
Signature	Date
Departmental Signature	
Signature	Date
EDGE Signature	
Signature	Date

Please return the completed form by one of the following methods:

email to: edgeuw@u.washington.edu

fax to: 206.616.9704 , attention EDGE Program

mail to: Shannan Schumacher, University of Washington, EDGE Program, Box 354978,
Seattle, WA 98195-4978

