

**University of Washington
Non-Matriculated Student Registration Approval**

Quarter:

Year:

Applicant Information

First Name:

Last Name:

UW Student Number (if applicable):

Email Address:

Online (EDGE) Course Information

Course Abbreviation & Number:

Course Name:

Please describe your interest in the course and any related experience:

Students must obtain signature or email approval from the course instructor and sponsoring department.

Approvals

Note to instructor and department: If you received this form via email from the applicant, you just need to indicate your approval or non-approval in a reply email to the applicant; your signature on this form is not required.

Please return completed form and/or email approvals to student.

Instructor Name (please print)

Instructor Signature

Date

Name of Department Representative

Department Signature

Date