

UNIVERSITY COLLEGE



Washington University in St. Louis

INSTRUCTOR APPROVAL FORM

APPROVAL INFORMATION		
STUDENT NAME		
HOME ADDRESS	CITY, STATE, & ZIP	HOME PHONE
	EMAIL ADDRESS	BUSINESS PHONE
COURSE NUMBER & SECTION	COURSE TITLE	TODAY'S DATE
The above-named student is enrolling in the above course on which basis? (Choose one)		
Letter Grade Pass/Fail Audit Special Audit ACTRAC		

STUDENT SIGNATURE

DATE

Instructor Signature

The above-named student has my permission to enroll in the above-named course as of today's date.

INSTRUCTOR SIGNATURE

DATE

INSTRUCTOR NAME (PRINT)

INSTRUCTOR EMAIL

To the Student:

Please bring this completed form, in person, to University College, 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105. Phone: (314) 935-6700