PERMISSION TO ENROLL

Westfield State University
Office of the Registrar

☐ Fall   ☐ Spring   Year: ____________

Use this form to add a course you were prevented from registering into: please check the reason(s):
☐ Missing pre-requisite   ☐ Major restriction   ☐ Permission of instructor
☐ Missing co-requisite   ☐ Class restriction

Note: Do NOT use this form for “reserved closed” or full/closed sections.

NAME: ______________________________________  CWID: A____________________

COURSE: __________________ / __________________ / __________________ / __________________

CRN  Prefix  Number  Section

PRINT INSTRUCTOR NAME _______________________________________________________

I give permission for this student to enroll in the course listed above, provided space is available.

FACULTY SIGNATURE: ____________________________  DATE: ________________

RETURN COMPLETED/signed form to office of the Registrar Parenzo 107
No later than the day before you are scheduled to register

Processed by: ___________ Date: __________  SFASRPO __________  rev. 03/2013