PERMISSION TO ENROLL

WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR

	☐ Fall	☐ Spring	Year:		
Use this form to add a co	urse you were	prevented from r	egister into: please ch	neck the reason(s):	
☐ Missing pre-r	equisite or co-	requisite	☐ Class Restriction		
J			☐ Need Permission of Instructor		
Note:	Do <u>NOT</u> use t	his form for "res	erved closed" or full	/closed sections.	
NAME:			CWID:	A	
COURSE:	//		/	/	
CRN		Prefix	Number	Section Section	
PRINT INSTRUCTO	OR NAME				
I give permission for the	student named	above to enroll i	n the course listed ab	ove, provided space is a	<u>vailable</u> .
FACULTY SIGNATURE:			DATE:		
RETURN COMPL	ETED/SIGNE	D FORM: OFFIC	E OF THE REGISTI	RAR, SCANLON HALL,	2ND FLOOR
Processed by: Date:				rev. 02	2/2010