

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. **This form is NOT to be used for the following restrictions: “reserved closed”, “college restriction”, or full/closed sections.**

Please check the reason(s) below:

- ___ Missing pre-requisite and/or co-requisite ___ Class Restriction
___ Major Restriction ___ Permission of Instructor Required
___ “Mutual Course Exclusion” Restriction

STUDENT NAME: _____ CWID: A _____

COURSE: _____ / _____ / _____ / _____
 CRN Prefix Number Section

PRINT INSTRUCTOR NAME: _____

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

FACULTY SIGNATURE: _____ DATE: _____

**RETURN COMPLETED/SIGNED FORM TO THE OFFICE OF THE REGISTRAR
PARENZO HALL ROOM 150**

Processed by: _____ Date: _____

rev. 10/2022