



# Permission to Enroll

Once complete and validated by all signees, please submit to:  
**Registration@wvstateu.edu**

Student Data	
Name	
ID	Phone
Email	

Term/Program Data	
Semester/ Term	Major

Authorization Type	
<input type="checkbox"/>	Closed
<input type="checkbox"/>	Pre-Req /Test Score Error
<input type="checkbox"/>	Permission for Special Arrangement

Course Information				
CRN	Subject/Dept	Course#	Section#	Cr. Hrs.

Reasoning

---



---



---

Details of Arranged Course – (If Applicable)

---



---



---

I approve the above request

Instructor/Advisor

Date

Course Dept. Chair

Date

Dean of Course

Date

---