PERMISSION TO ENROLL IN SPECIAL CLASSES (BLUE CARD)

Please submit form to E E department for processing.

Please allow 5 business days

Student Information (must be completed by the student)

My WSU ID ã

Student's Name ã

FIRST   LAST

Student's Email ID ã

Student's program ã

Course Information (must be completed by the student)

Select one	Course No	Title	Programs	Maximum credit h ours
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Approval (must be completed by the ‹••−"—…−'")

This student has my permission to enrol in the above selected course.

Credit hours: Semester: 20

Yes	No	The student subm/8P <</MCID 683h1 e3.1

Appro val (must be complete d by the ƒ…‡†‹ advisor)

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Yes	No

Date Received:

Student Emailed:

Signature:

Date Received:

Student Emailed:

Admin Signature: Date:

Notes:
- x   Please type all the fields expect the signatures.
- x   Digital approval is recommended. Please use Adobe PDF reader, do not print.
- x   It is the responsibility of the student to select the appropriate course
- x   If a student is taking EE 976, advisor can approve for more than 9 credit hours for the semester, with ƒ™"‹−−‡•
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