

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
SCANLON HALL, 2ND FLOOR**

Processed by: _____ Date: _____

rev. 07/2025