REL MA Enrollment Request

This form (to be completed in anticipation of each new semester and in consultation with your supervisor) is to be signed and submitted to the REL main office, at which point a permit will be issued to you, via email, to enroll in the coming semester’s classes.

Note: this form is only for registering in REL graduate courses (which are kept closed in the system, to ensure that seats are available for REL students). Enrolling in courses in other Departments may require directly contacting that professor (either yourself or your supervisor) to request a place in the class.

Student’s Name________________________________ Register for: ____________________________ Semester/Year

Student’s CWID ________________________________

Student’s Email ________________________________

COURSE #    SECTION#    TITLE (OPTIONAL)

REL ___________ ________________ ________________________________

REL ___________ ________________ ________________________________

REL ___________ ________________ ________________________________

REL ___________ ________________ ________________________________

REL ___________ ________________ ________________________________

REL _________ ________________ ________________________________

Date: ________________________________

Student

Date: ________________________________

Supervisor

Date: ________________________________

Graduate Director