

# 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 _____	_____	_____

\_\_\_\_\_  
Student Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Date: \_\_\_\_\_

\_\_\_\_\_  
Graduate Director Date: \_\_\_\_\_