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: _________________

Student’s CWID ____________________________ Semester/Year

Student’s Email ______________________________

COURSE #   SECTION#   TITLE (OPTIONAL)

REL __________  ________________ ___________________________________________

REL __________  ________________ ___________________________________________

REL __________  ________________ ___________________________________________

REL __________  ________________ ___________________________________________

REL __________  ________________ ___________________________________________

REL __________  ________________ ___________________________________________

______________________________ Date: _______________________

Student

______________________________ Date: _______________________

Supervisor

______________________________ Date: _______________________

Graduate Director