

PERMISSION TO ENROLL IN SPECIAL CLASSES (BLUE CARD)

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Please submit form to $\mathsf{E}^{}$ E department for processing.

Please allow5 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 ←・・ー" — ... – '"

This student has my permission to enrollin 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 $f \dots f ightharpoonup d$ advisor)

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Date Received:

Student Emailed:

Signature:

BANGO

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