

“WPI” Form
Permission from Instructor
Prior to Enrollment in Elective

*(To be used for Electives with “WPI” [With Permission of Instructor]
as indicated in the Year Four and Year Three Elective Catalogs)*

STUDENT NAME:		DATE:	
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This completed form (including necessary faculty signatures) must be submitted to the Y3/4 Registrar BEFORE student may enroll in the specified elective course. Faculty’s signature (or her/his designee) indicates approval to register for a course, provided student meets all prerequisites, and/or requirements as detailed in the Policies and Procedures for Year Four or Policies and Procedures for Year Three Option Periods.

This student has permission to enroll in the following course:

Course Name: _____

Course Number: _____

Faculty Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:	Cherie Forsyth, Y3/Y4 Registrar SIU School of Medicine Office of Education & Curriculum 801/3 N. Rutledge, PO Box 19622 Springfield, IL 62794-9622 Phone: 217/545-6124 Fax: 217/545-0192
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Date Received: _____