



## “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)*

<b>STUDENT NAME:</b>	<b>DATE:</b>
<p><b>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. <i>(E-Mail approval is sufficient)</i></b></p>	
<p><b>This student has permission to enroll in the following course:</b></p> <p><b>Course Name:</b> _____</p> <p><b>Course Number:</b> _____</p> <p><b>Faculty Signature:</b> _____ <i>(E-mail approval sufficient)</i></p> <p><b>Date:</b> _____</p>	
<p><b>PLEASE RETURN THIS FORM TO:</b></p> <p>Cherie Forsyth, Y3/Y4 Registrar SIU School of Medicine Office of Education &amp; Curriculum 801/3 N. Rutledge, PO Box 19622 Springfield, IL 62794-9622 Phone: 217/545-6124 Fax: 217/545-0192</p>	
<p><b>Date Received:</b> _____</p>	