

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

*(To be used for Electives / Selectives “WPI” [With Permission of Instructor]
as indicated in the Year Four and Year Three Course 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 course. Faculty’s signature (or her/his designee) indicates approval to register for a course, provided the student meets all prerequisites, and/or requirements as detailed in the Policies and Procedures for Year Four or Year Three PEP (Personalized Education Plan).

(E-Mail approval is sufficient)

This student has permission to enroll in the following course:

Course Name: _____

Course Number: _____

Faculty Signature: _____

(E-mail approval sufficient)

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

Date Received: _____