



**EASTERN CONNECTICUT STATE UNIVERSITY**  
REGISTRAR'S OFFICE • ALVIN B. WOOD SUPPORT SERVICES CENTER  
83 Windham Street • Willimantic, CT 06226 • Office: (860) 465-5224 Fax: (860) 465-4382

**REGISTRATION APPROVALS – COURSES REQUIRING WRITTEN CONSENT**

(Excluding Internship, Practicum, or Independent Study Courses  
(Submit to Registrar's Office once completed))

**Student Name:** \_\_\_\_\_ **Student Signature (Print and Sign)** \_\_\_\_\_

**Eastern ID:** \_\_\_\_\_ **Semester/Year:** \_\_\_\_\_

Has my permission to register for _____ CRN/Subj/Course #/Section/Title
Instructor's Signature _____
Department Chair's Signature (if required) _____

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Instructor's Signature _____
Department Chair's Signature (if required) _____

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