



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
(email to registrar@easternct.edu 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) _____

Has my permission to register for _____
CRN/Subj/Course #/Section/Title

Instructor's Signature _____

Department Chair's Signature (if required) _____

Has my permission to register for _____
CRN/Subj/Course #/Section/Title

Instructor's Signature _____

Department Chair's Signature (if required) _____

Has my permission to register for _____
CRN/Subj/Course #/Section/Title

Instructor's Signature _____

Department Chair's Signature (if required) _____