



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 _____

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) _____