\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Western Michigan University

CRN:\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR PERMISSION TO ELECT**

Please encircle one course (use a separate form to elect each course):

 4990 Undergraduate Research in C.S. 1 – 3 hours

5990 Independent Study in C.S. 1 – 3 hours

6970 Master’s Project 2 – 6 hours

 \*7000 Master’s Thesis 2 – 6 hours

 7100 Independent Research 2 – 6 hours

7250 Doctoral Research Seminar 2 – 6 hours

 \*7300 Doctoral Dissertation 2 – 10 hours

 \*(**These courses are subject to a continuous enrollment requirement.)**

**Please indicate your plan for enrolling in the course:**

 1st Enrollment – Semester / Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Enrollment – Semester / Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3rd Enrollment – Semester / Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Study (including methodology, if research or description of field experience [including names of site and supervisor]:

*I understand that research involving human or animal subjects, recombinant DNA, chemical hazards, or radioactive material must have prior approval of the research proposal by the appropriate University review body, thus assuring compliance with the regulations for the protection of such subjects or for the use of such materials. (See the reverse side of this form for the specific requirements.) Ina addition, I understand that The Graduate College will not approve any master’s thesis, specialist project, or doctoral dissertation which does not comply with these requirements, and in that event, no credit will be granted for the course.*

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Signature Date Signature of Faculty Member under whom Date

 study is to be completed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Chairperson Date \* Signature of the Graduate College Representative Date

 (Needed for 7000, 7200, and 7300 enrollment only)