

Call # \_\_\_\_\_

**DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY  
WESTERN MICHIGAN UNIVERSITY**

Application for Permission to Elect  
6980 Readings (Project) in Counselor Education and Counseling Psychology

Graduate Credit \_\_\_\_\_ Credit Hours (1-4) \_\_\_\_\_

1<sup>st</sup> Enrollment – Semester \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_

2<sup>nd</sup> Enrollment – Semester \_\_\_\_\_ Year \_\_\_\_\_ Hours \_\_\_\_\_

Name \_\_\_\_\_ WIN # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Description of Study: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Faculty Member Under Whom Study is  
to be Completed

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Signature of Department Chairperson

Distribution:  
Student, Advisor, Sponsor  
Department

\_\_\_\_\_  
Date