

PERMISSION TO ENROLL IN SPECIAL CLASSES (BLUE CARD)

Please submit form to \_\_\_\_\_ department for processing.

Please allow 5 business days

**Student Information (must be completed by the student)**

My WSU ID # \_\_\_\_\_

Student's Name # \_\_\_\_\_

FIRST

LAST

Student's Email ID # \_\_\_\_\_

Student's program # \_\_\_\_\_

**Course Information (must be completed by the student)**

Select one	Course No	Title	Programs	Maximum credit hours
	CS 498	Individual Project	BSCS	3
	CS 798	Individual Project	MSCS/MSCN	3
	CS891	Master's Directed Project Semester	MSCS/MSCN	3
	CS 892	Master's Thesis	MSCS/MSCN	6
	CS 893	Individual Reading	MSCS/MSCN/ PhD in	6

student in en

have approved the plan, expected outcome and

evaluation method # \_\_\_\_\_

Instructors # \_\_\_\_\_

Instructors myWSU # \_\_\_\_\_

Instructors # \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

NEW CRN# \_\_\_\_\_

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