

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#

Th