

**REGISTRATION PERMISSION FORM FOR PSYCHOLOGY**

**Please fill out all areas on this form and have your advisor initial it along with signing your program of study and return to Graduate Secretary**

**Date:**

**Student Name:**

**Student Number OR EMU ID:**

**Semester:**

**Program:**

**Advisor Initials:**

**Course (1)**

**Course Reference #**

**Section:**

**Title:**

**Credits:**

**Course (2)**

**Course Reference #**

**Section:**

**Title:**

**Credits:**

**Course (3)**

**Course Reference #**

**Section:**

**Title:**

**Credits:**

**Course (4)**

**Course Reference #**

**Section:**

**Title:**

**Credits:**

**Course (5)**

**Section Number:**

**Section:**

**Title:**

**Credits:**

**Course (6)**

**Course Reference #**

**Section:**

**Title:**

**Credits:**

**Course (7)**

**Course Reference #**

**Section:**

**Title:**

**Credits:**

**Additional Comments for Graduate Secretary:**