

SCHOOL OF GRADUATE STUDIES

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Restricted Admission Course Approval

In order for a student to register for a restricted admission course, the student must secure authorization from the appropriate program coordinator.

Full Name: _____
Last Name First Name Middle Initial ID Number

Address: _____
No./Street City/Town State/Province Postal Code

Telephone: _____ Email: _____

Has received authorization to register for _____

Degree Program and Concentration: _____

Student Signature: _____ Date: _____

Approved by Program Coordinator: _____ Date: _____

The purpose of this form is to allow you entrance into a restricted admission course.
It **does not** guarantee you a space in the class. Registration is on a first come priority.