

THE UNIVERSITY OF MICHIGAN
School of Social Work

**PERMISSION FORM FOR SOCIAL JUSTICE PEER MENTORING
AND FACILITATION**

INSTRUCTIONS: This form is to be used to facilitate the registration process for the section of **SOCWK 799** that is the **Social Justice Peer Mentoring and Facilitation** course. Complete the form, obtain the signature of Professor Beth Glover Reed and submit the form to the SSW Registrar's Office (1772 SSWB). Once approved by Prof. Reed and submitted to the Registrar, an electronic permission will be entered into Wolverine Access. This will generate an email informing you to enroll for the class prior to the drop/add deadline.

Term: _____ Subject: **SOCWK** Catalog#: **799** Section#: _____ Cr Hrs: _____

Student Name _____ U/M I.D.# _____

E-Mail address _____ Date _____

Instructor's Signature: _____
Professor Beth Glover Reed

RETURN COMPLETED FORM TO 1772 SSWB