APPROVAL FORM FOR AN UNDERGRADUATE TO TAKE A GRADUATE LEVEL COURSE

Students who wish to take graduate course must submit this form for review to the Office of Graduate Education, 1516 Peoples Ave., during the registration period but no later than the second week of classes to request approval to register. The undergraduate academic advisor, the course instructor(s) and the graduate program director must sign the completed form before submission to the Office of Graduate Education. The Office of Graduate Education makes the final decision based on the student’s overall academic performance and subject-specific suitability.

Name: _________________________________  RIN: _________________________________
E-mail: ________________________________  Term of Enrollment in the Course: ______________
Class: ________  Student’s Major Department: __________________________  Overall GPA: _______

1. Graduate Course Number: ____________________________  CRN: __________________________
   Course Title __________________________________________________________

2. Graduate Course Number: ____________________________  CRN: __________________________
   Course Title __________________________________________________________

*If the 6000 level course(s) is cross-listed with the 4000 level, a syllabus must be attached*

TOTAL NUMBER OF CREDITS (including graduate coursework, if approved): ______________

Qualifications to take a graduate level course(s): ______________
________________________________________________________________________________

Undergraduate Academic Advisor’s Signature: ________________________________  Date: _______
   Print Advisor’s name: ________________________________

Note to Instructors: Your signature below verifies that the student has the appropriate background/pre-requisites to meet the course requirements.

Course #1 Instructor’s Approval Signature: ________________________________  Date: _______
   Print Course #1 Instructor’s name: ________________________________

Course #2 Instructor’s Approval Signature: ________________________________  Date: _______
   Print Course #2 Instructor’s name: ________________________________

Graduate Program Director Approval Signature: ________________________________ Date: _______

Office of Graduate Education Approval Signature: ________________________________ Date: _______

cc: Registrar’s Office