



Application for Approval for a Graduate Student\* To take an Undergraduate Course

DATE \_\_\_\_\_ TERM/YEAR \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ SID \_\_\_\_\_
Last First MI

LOCAL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MAJOR \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_

COURSE(S) REQUESTED:

Table with 7 columns: COURSE (PREFIX, NUMBER, SECTION), CLASS NUMBER (REQUIRED), CREDIT HOURS, COURSE NAME, MEETING DAYS, INSTRUCTOR

TYPE OF CREDIT REQUESTED: GRADUATE [ ] UNDERGRADUATE [ ]

JUSTIFICATION FOR REQUEST (Required):
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT \_\_\_\_\_

APPROVED

DISAPPROVED

SIGNATURE

[ ]

[ ]

INSTRUCTOR

[ ]

[ ]

DEPARTMENT ADVISOR/DIVISION DIRECTOR

[ ]

[ ]

ACADEMIC DEAN

[ ]

[ ]

DEAN, SCHOOL OF GRADUATE STUDIES AND RESEARCH

\*LIMIT (3) SEMESTER HOURS [APPLICATION PROCESS MUST BE COMPLETED AT LEAST 10 DAYS PRIOR TO FIRST CLASS MEETING].