

REQUEST FOR PERMISSION TO RECEIVE GRADUATE CREDIT FOR AN UNDERGRADUATE LEVEL OR PROFESSIONAL COURSE

Student's Name _____ Date _____
(Last, First & Middle)

Student's SSN _____ Semester _____

Print Name of Instructor _____

Course Title:			Credit Hours
Course (Dept.) Prefix	Course Number	Section Number	

Describe why you need to take this course as a part of your graduate program:

List the assignments you must complete which are in addition to the work assigned to the undergraduate or professional student:

Signature of Student

Date

Signature of Instructor

Date

Signature of Director of Graduate Studies

Date

Return completed form to the Graduate School, 411 Kirkland Hall, ***no later than the tenth day of classes (the end of the change-of-course period).***