APPROVAL FORM FOR AN UNDERGRADUATE TO TAKE A GRADUATE LEVEL COURSE

Students who wish to take graduate course must submit this form to the Office of Graduate Education, 1516 Peoples Ave., **before the second week of classes for review and 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 Dean of 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: ___________ Course Title ____________________________

2. Graduate Course Number: ___________ Course Title ____________________________

3. Graduate Course Number: ___________ Course Title ____________________________

Qualifications to take a graduate level course(s):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Undergraduate Academic Advisor’s Signature: ___________________________ Date: ______

Print Advisor’s name: ___________________________

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: ___________________________

Course #3 Instructor’s Approval Signature: ___________________________ Date: ______

Print Course #3 Instructor’s name: ___________________________

Graduate Program Director Approval Signature: ___________________________ Date: ______

Office of Graduate Education Approval Signature: ___________________________ Date: ______

cc: Registrar’s Office

4/2011