Permission For Undergraduates To Enroll In Graduate Level Course

Student Name_____________________________________User_ID: _____________________

PHONE_________________________________________     _________________________________
            Home                                                                                            Work

Course Number __________________________ Course Title __________________________ Semester __________________________

Reason for requesting course at graduate level____________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Credit will be applied towards:   Bachelor’s Degree   OR   Master’s Degree

Circle One

Important Notice to Students: Please know that if you are taking a graduate course toward a future graduate degree, your current financial aid does not cover the cost, you are responsible to pay when you register. If you are taking a graduate course as part of your undergraduate degree, financial aid will cover the cost of this course. If you are a Day Student requesting a graduate level course, please know that your financial aid will not cover this course whether you are taking it for graduate or undergraduate credit.

Students making this request must be either a junior or senior and have a minimum 2.7 GPA. It is the responsibility of the student to obtain the signature of approval from the course instructor and the department chair. When both signatures have been obtained, the form should be returned to the Office of Graduate & Continuing Education for the Dean’s decision. The student will be notified within 5 days of this decision. Please note that Day students may not use their waiver for a graduate level course.

1. ______________________________________          ____________________
   Signature of Instructor                                                                             Date

2. _________________________________________          ____________________
   Signature of Department Chair                                                                 Date

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Office Use Only
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Student’s Class   Junior / Senior   Prerequisites completed   Yes /No

Total number of semester hours completed_________________________   GPA __________________________

Request Granted   Yes / No

Dean, Graduate & Continuing Education or Designee_________________________ Date_________________________

Copy to Financial Aid Office: ___________________________ Date Delivered

(F/A Office will alert Registrar if Day Student)

Revised 08/24