



Undergraduate request to register for a Graduate level course

NAME: _____ ID: _____

MAJOR: _____ CLASS LEVEL: _____

CUM GPA: _____ EMAIL: _____

Semester	Course Dept.	Course # Sect.	Credits	Course Title

Student Signature Date

* Students who are given permission to enroll in courses numbered 500 or higher will be graded according to the graduate grading scale, which does not provide for C+, C-, and D grades. See policy regarding [Grades and Academic Standing: Graduate](#) for details.

(STUDENT DO NOT WRITE BELOW THIS LINE)

Department and Associate Dean's Approval - School of Arts and Sciences

Instructor

Date

Chair of dept. in which course is taught

Date

Associate Dean

Date