PERMISSION FOR UNDERGRADUATE STUDENT TO TAKE GRADUATE LEVEL (500) CLASS

Students Name _____

Are you a senior? ____Yes ____No

Semester anticipated Graduation: _____

I am seeking permission to take the following graduate level class(s):

☐ Fall ☐ Spring ☐Summer **20**____

Class	Instructor
Class	Instructor

Undergraduate Advisor: _____

The student named above currently has _____ undergraduate credits and is within one semester of graduation.

Students current GPA is _____

I certify this student eligible to take up to eight (8) semester credits of graduate course work (level 500 classes only). Student has been notified this approval does not override any instructor restrictions for enrollment.

Advisor Date

This student has my permission to take the class listed above.

Instructors Signature Date

I have checked with and gotten approval from financial aid to take these credits

Financial Aid Office Date

I have reviewed this application and find the student named above to be eligible to take graduate courses.

Director of Graduate Studies Date

1/21/2010