



AUTHORIZATION FOR UNDERGRADUATE TO ENROLL IN GRADUATE COURSES

TO BE COMPLETED BY THE STUDENT: (An authorization request must be submitted by the student each semester in which he/she plans to enroll in graduate courses.)

I hereby request authorization to take the following course(s)

INITIAL EACH:

- ___ 1. I am within twelve semester hours of completing my bachelor's degree.
- ___ 2. I understand that the requested graduate course(s) may not be taken to fulfill requirements for a bachelor's degree.
- ___ 3. I understand that the maximum number of graduate semester hours that i may accumulate prior to receiving the bachelor's degree is twelve.

STUDENT SIGNATURE _____ DATE _____

TO BE COMPLETED BY YOUR ADVISOR:

INITIAL EACH:

- ___ 1. I have advised the student that the requested graduate course(s) may be counted toward a master's degree upon graduation and admission into the graduate program , but not toward the bachelor's degree.
- ___ 2. I recommend approval of the student's request for authorization to enroll in the above graduate course(s).

MAJOR ADVISOR SIGNATURE _____ DATE _____

TO BE COMPLETED BY THE INSTRUCTOR(S):

Course Number	Instructor Signature
_____	_____
_____	_____
_____	_____

TO BE COMPLETED BY YOUR SCHOOL DEAN

Undergraduate GPA _____ Previous Graduate Hours _____

Total undergraduate hours remaining toward bachelor's degree: _____

SCHOOL DEAN APPROVAL