



## 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 graduate course(s) as an undergraduate.

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.
- \_\_\_\_ 4. I understand that I must make application to graduate studies for the term following expected graduation.

STUDENT NAME *(please print)* \_\_\_\_\_ ID \_\_\_\_\_

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 graduate course(s) listed below.

MAJOR ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY THE INSTRUCTOR(S):**

CRN	Subject and Number	Title	Instructor Signature

**TO BE COMPLETED BY YOUR FINANCIAL AID SPECIALIST:**

\_\_\_\_ I have advised the student regarding the financial aid implications for mixed undergraduate/graduate enrollment.

FINANCIAL AID SPECIALIST \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY YOUR SCHOOL DEAN**

Undergraduate GPA \_\_\_\_\_ Previous Graduate Hours \_\_\_\_\_

Total undergraduate hours remaining toward bachelor's degree: \_\_\_\_\_

\_\_\_\_\_  
SCHOOL DEAN APPROVAL