



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