



University of Detroit Mercy
AUTHORIZATION FOR UNDERGRADUATE STUDENT TO TAKE GRADUATE COURSES
PLEASE PRINT

Student Number: T0

Date: ____/____/____

Name: _____
Last First Middle I

College/School: _____

Undergraduates may NOT take graduate courses for undergraduate credit. Graduate credit may be used toward fulfillment of requirements for graduate degree program, if applicable. Registration in graduate courses may be restricted by colleges/departments at any time. Post degree students are not eligible for this privilege. See catalog for further guidelines.

Permission is requested to enroll in the following graduate course(s):

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|-------------------------------|---------------------------------|---------------------------------|--------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Fall <input type="checkbox"/> | Winter <input type="checkbox"/> | Summer <input type="checkbox"/> | 20____ |
| CRN# | Subject | Course Number | Section | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Fall <input type="checkbox"/> | Winter <input type="checkbox"/> | Summer <input type="checkbox"/> | 20____ |
| CRN# | Subject | Course Number | Section | | | | |

Student: _____

Date: ____/____/____

Advisor: _____

Date: ____/____/____

Grad Program Director: _____

Date: ____/____/____

Int'l Student Office (if required): _____

Date: ____/____/____

Undergrad College Dean's Office: _____

Date: ____/____/____

RETURN FORM TO REGISTRAR'S OFFICE FOR DATA ENTRY.



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