REQUEST FOR PERMISSION TO RECEIVE GRADUATE CREDIT FOR AN UNDERGRADUATE LEVEL OR PROFESSIONAL COURSE

Student's Name ________________________________________________  Date _____________________

(Last, First & Middle)

Student's SSN __________________________________________         Semester _____________________

Print Name of Instructor ___________________________________________________________________

Course Title:  Credit Hours

<table>
<thead>
<tr>
<th>Course (Dept.) Prefix</th>
<th>Course Number</th>
<th>Section Number</th>
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Describe why you need to take this course as a part of your graduate program:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

List the assignments you must complete which are in addition to the work assigned to the undergraduate or professional student:

_______________________________________________________________________________________
_______________________________________________________________________________________
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_______________________________________________________________________________________
_______________________________________________________________________________________

Signature of Student        Date

Signature of Instructor                    Date

Signature of Director of Graduate Studies        Date

Return completed form to the Graduate School, 411 Kirkland Hall, no later than the tenth day of classes (the end of the change-of-course period).