

WESTERN CONNECTICUT STATE UNIVERSITY
UNDERGRADUATE PERMISSION TO TAKE A GRADUATE COURSE
Office: 203-837-8243 Fax: 203-837-8326

TO BE COMPLETED BY STUDENT:

Name: Last _____ First _____

Student ID # _____ Or SS# _____

Major: _____ Telephone # _____

I Request Permission To Take: _____
(dept) (course #) (title of course)

In the: Fall 20__ Spring 20__ Summer 20__ Intersession 20__ (Jan) (Mar) (Aug)

Course to be used for: Graduate Credit _____ Undergraduate Credit _____

TO BE COMPLETED BY THE W.C.S.U. REGISTRAR'S OFFICE:

Student is a member of the Senior Class: Yes____ No____

Cumulative Grade Point Average to Date: _____

Registrar's Signature

Date

REQUIRED SIGNATURES (in order):

Approval of Instructor: Yes____ No____ Signature/Date: _____

Approval of Dept. Chair: Yes____ No____ Signature/Date: _____

Approval of School Dean: Yes____ No____ Signature/Date: _____

Approval of Graduate Office: Yes ____ No____ Signature/Date: _____

Directions: (This form is for W.C.S.U. undergraduate students only)

Step One: Complete name/course information.

Step Two: Go to the Registrar's office and have your GPA verified.

Step Three: Get the required signatures in the above order.

Step Four: Register for the graduate course in the Division of Graduate Studies located on the 3rd floor of Warner Hall, Suite 321.