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 # ___ ___ ___ ___ ___ ___ ___ ___

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 2nd floor of Old Main, Suite #206.

06-11-2008