University of Detroit Mercy

AUTHORIZATION FOR UNDERGRADUATE STUDENT TO TAKE GRADUATE COURSES

PLEASE PRINT

Student Number: T0_____ Date: _____/_____/_____

Name: _____ College/School: _____

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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 for graduate courses may be restricted by College/School requirements. Graduate degree students are not eligible for this privilege. See catalog for further guidelines.

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

CRN#	Subject	Course Number	Section	Fall	Winter	Summer	20_____

Student:_____ Date: _____/_____/_____

Advisor:_____ Date: _____/_____/_____

Grad Program Director: _____ Date: _____/_____/_____