## Admission of Undergraduates to 5000 & 6000 Level Courses for Undergraduate Credit [C1]

Please ensure that the table below includes accurate course information for faster processing. After form has been completed and signed, it should be sent to <a href="mailto:GradSchoolForms@umsl.edu">GradSchoolForms@umsl.edu</a> for further processing. After the Graduate School approves the form, it will be sent directly to Registration for processing and the instructor and student will be copied.

|                                                  | _                                |                       |                                                             | for undergraduate credit for for graduate/undergraduate | -                                       |           |
|--------------------------------------------------|----------------------------------|-----------------------|-------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|-----------|
| Name requests permission to enroll in the follow |                                  |                       | Student Number wing graduate course(s) for undergraduate cr |                                                         | GPA edit for the semester & year below: |           |
|                                                  | Fall                             |                       | Spring                                                      | □ Summer                                                | Year                                    |           |
| Dept.                                            | Course # [4 digits]              | Class #<br>[5 digits] |                                                             | Title                                                   |                                         | Hours     |
| Instruct                                         | or's Full Nam                    | e:                    |                                                             |                                                         |                                         |           |
| C                                                | ourse 2                          |                       |                                                             |                                                         |                                         |           |
| Dept.                                            | Course #<br>[4 digits]           | Class #<br>[5 digits] |                                                             | Title                                                   |                                         | Hours     |
| Instruct                                         | or's Full Nam                    | e:                    |                                                             |                                                         |                                         |           |
| Student Signature and Date                       |                                  |                       |                                                             | Undergraduate Advisor Signature and Date                |                                         |           |
| Department Chairperson Signature and Date        |                                  |                       |                                                             | College Dean Signature and Date                         |                                         |           |
|                                                  | e Dean signs, th<br>hoolForms@um |                       | submitted electronically submit button.                     |                                                         | Graduate School Dear                    | n Approva |