

Note: You can type in this form and print it, but you cannot save the changes or email this document

**University of Denver**  
REQUEST FOR GRADUATE COURSE AS PART OF THE UNDERGRADUATE DEGREE  
**OR**  
REQUEST FOR GRADUATE CREDIT TO BE RECEIVED AS AN UNDERGRADUATE  
(TO COUNT TOWARDS A GRADUATE DEGREE LATER)

Please check  
box  
corresponding  
to your request

Undergraduate students in good academic standing may be accepted in courses for graduate students (4000-4999) only if they secure special permission before registering for the class. Students should be advised that Graduate courses and credit applied to the Undergraduate degree **may not** be used for a Graduate degree program at the University of Denver. Please consult your advisor prior to enrolling in graduate courses.

The undergraduate student who is within 10 quarter hours of the number of credits required for graduation and who has fulfilled all specific requirements may, by completing this form, receive graduate credit for 3000 or 4000 level courses taken in excess of undergraduate graduation requirements. This form must be submitted before the student registers for graduate credit.

Student's Name: \_\_\_\_\_ Student Number \_\_\_\_\_

| <u>Course Number</u> | <u>Title</u> | <u>Credits</u> | <u>Instructor</u> |
|----------------------|--------------|----------------|-------------------|
| _____                | _____        | _____          | _____             |
| _____                | _____        | _____          | _____             |
| _____                | _____        | _____          | _____             |

A statement by department chairperson/school director indicating the reasons why the student needs this course for the undergraduate degree program; or the suitability of using the course for a subsequent graduate degree program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Statement by Academic Advising indicating how this course fits into the student's degree program(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request must be signed by the instructor, department chairperson/ school director, Academic Advising, and the Dean's Office of the department offering the course. Please return this form to the Registrar's Office.

|                                     |               |                                      |               |
|-------------------------------------|---------------|--------------------------------------|---------------|
| _____<br>1. Instructor              | _____<br>Date | _____<br>3. Academic Advising Center | _____<br>Date |
| _____<br>2. Chairperson or Director | _____<br>Date | _____<br>4. Dean's Office            | _____<br>Date |