

REQUEST FOR PERMISSION TO RECEIVE GRADUATE CREDIT FOR AN UNDERGRADUATE LEVEL OR PROFESSIONAL COURSE

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last, First & Middle)

Student's VU ID \_\_\_\_\_ Semester \_\_\_\_\_

Print Name of Instructor \_\_\_\_\_

Course Title:			Credit Hours
Course (Dept.) Prefix	Course Number	Section Number	

Describe why you need to take this course as a part of your graduate program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the assignments you must complete which are in addition to the work assigned to the undergraduate or professional student:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Director of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to the Graduate School, 411 Kirkland Hall, *no later than the tenth day of classes (the end of the change-of-course period).*