

## Taking Graduate Courses as an Undergraduate Student PERMISSION REQUEST FORM

Name	Student ID#		
Last	First		_
Email Address:	Daytime Phone:		
Address			
Street	City	State	Zip Code
Course(s) to be complete	ed during the		
		Semester	Year
Graduate Course(s)	) Requested: (Maximum 2 Cour	rses)	
Course Prefix, Number & CRN	Complete Course Title	Number of Semester Credit(s) Requested	Prerequisite(s) Met (If applicable)
1 CRN #:			
2 CRN #:			
• There are 18 or f	ewer hours of coursework remaining toward under	ergraduate degree requiren	nents.
<ul> <li>Student must rec (CAS) or their A Education.</li> <li>Registration is de</li> <li>Will not be used counted toward a time frame; final</li> <li>If there are finan</li> </ul>	ve GPA is 3.0 or higher. eive permission from his/her Academic Advisor, associate Dean of the College of Business (COB) ependent upon space availability in requested cout to fulfill undergraduate degree requirements unless a master's degree at UMW, if applicable and studies grade must meet minimum grade requirements for picial aid considerations, the student is encouraged g completing graduate courses.	or appropriate Program Durse(s). ss specific approval is given the matriculates into the Matrix program	Director in the College of  Graduate credit may be  Master's program within designated
* * ·	ot Count Towards Undergraduate l Towards Undergraduate Degree (§	_	edit only)
Student Signature		_	Date
Academic Advisor, CAS or COB			Date
Department Chair, CAS/Associate Dean, COB/COE			Date