Student Name: ____________________________ ID# __________________

Last    First    MI

Year _________ Semester ________________

*The following undergraduate course may be taken for graduate credit:

<table>
<thead>
<tr>
<th>Department / Course Number</th>
<th>Title</th>
</tr>
</thead>
</table>

Signatures: ____________________________ ____________________________

Instructor                      Student

*Course must be designated in the catalog as one that may be taken for graduate credit.

Copies:  Student
         Instructor
         Registrar
         Academic Advisor

Copies:  Student
         Instructor
         Registrar
         Academic Advisor