



**University of Detroit Mercy**  
**AUTHORIZATION FOR UNDERGRADUATE STUDENT TO TAKE GRADUATE COURSES**  
**PLEASE PRINT**

Student Number: T0

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle I

College/School: \_\_\_\_\_

**Undergraduates may NOT take graduate courses for undergraduate credit. Graduate credit may be used toward fulfillment of requirements for graduate degree program, if applicable. Registration in graduate courses may be restricted by colleges/departments at any time. Post degree students are not eligible for this privilege. See catalog for further guidelines.**

Permission is requested to enroll in the following graduate course(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fall <input type="checkbox"/>	Winter <input type="checkbox"/>	Summer <input type="checkbox"/>	20____
CRN#	Subject	Course Number	Section				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fall <input type="checkbox"/>	Winter <input type="checkbox"/>	Summer <input type="checkbox"/>	20____
CRN#	Subject	Course Number	Section				

Student: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Advisor: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grad Program Director: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Int'l Student Office (if required): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Undergrad College Dean's Office: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RETURN FORM TO REGISTRAR'S OFFICE FOR DATA ENTRY.**



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