

College of Behavioral and Social Sciences

2148 Tydings Hall, College Park, MD 20742 P: 301.405.1697 F: 301.314.4087 B: www.bsosundergrad.blogspot.com W: www.bsos.umd.edu

Grad

BSOSgrad-v1
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Permission to Take a Graduate Course for Undergraduate Credit

Name:		UID:		Major:	
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This permission form is designed to give BSOS students a clear explanation of the requirements associated with requesting permission to take a graduate course as an undergraduate. Students should complete this form, obtain necessary approval signatures, and return the form to the BSOS Advising Center (2148 Tydings). Students should understand that approval of this request is not automatic.

Course	Section	Term

Are you a student-athlete?	Yes	No
Do you receive financial aid?	Yes	No
When do you plan to graduate?		

- I have a cumulative GPA of at least 3.0 and have completed 60 or more credits.
- I have completed an official academic audit with my academic department and with the college.
- I assume the responsibility of spending extra time and effort in completing graduate-level course material.
- I understand that this credit will not be applicable for later pursuance of a graduate degree. I understand that the same grading criteria will be applied to me as graduate students enrolled in the course. I am also aware that this course may be taken only under the regular grading option.

Student Signature:		Date:	
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Approval from Course Instructor

I support the above-named student's request to enroll in my graduate-level course for the semester indicted above.

Instructor's Name:		Phone Number:	
Instructor's Signature:		Date:	

Approval from Director of Undergraduate Studies of the student's major

I support the above-named student's request and have indicated below how this course may count toward degree requirements.

Director's Name:		Phone Number:	
Director's Signature:		Date:	

- CORE/GenEd Elective Major (indicate specific requirement here):

Approval from Director of Undergraduate Studies of the offering Department

If this course is outside of your major, you also need the approval of the Director of Undergraduate Studies from the department in which the course is offered.

Director Name:		Phone Number:	
Director's Signature:		Date:	