

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

Student Number: TO_____

Date: ____/____/____

Name: /1 _____ 2 /4)0)4)0)7)4)0)4)0)4)0)0)4)7)4)0 _____ College/School () (eg) (e) (S) (c) (h) (bo) (4) (5) () (7) (4) (4) () () ()
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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 college agreements at the University of Detroit Mercy. Degree students are not eligible for this privilege. See catalog for further guidelines.

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

CRN# **Subject** **Course Number** **Section** **Fall** **Winter** **Summer** **20**_____

CRN# Subject Course Number Section Fall Winter Summer 20_____

Student: _____

Date: ____/____/____

Advisor: _____

Date: ____/____/____

Grad Program Director: _____

Date: ____/____/____