GRADUATE REQUEST TO ENROLL IN A 400-LEVEL COURSE FOR GRADUATE CREDIT
(Graduate credit MAY NOT be earned for courses numbered 100-399.)

Name: ___________________________________________  Student Number: E________________________
Street address ______________________________________  City/State/ZIP: ___________________________
EMU email address: ____________________________@emich.edu  Phone: _________________________________

Before completing the following, ensure course is PRE-APPROVED for graduate credit by consulting the list found at http://www.emich.edu/graduate/degrees_programs/approvedcourses.php

NOTE: Special Topics courses (usually numbered 477/478/479) and Independent Study courses (usually numbered 497/498/499) are NOT APPROVED to be taken for graduate credit. A maximum of nine (9) hours of 400-level courses may be taken for graduate credit and applied to a graduate degree program.

I request permission to enroll in a 400-level course during the following semester/year:

Fall 20____  Winter 20____  Summer 20____

List complete course information (subject/course/title): __________________________________________________________

__________________________________________________________________________________________________

APPROVALS NEEDED:

I. I agree to assign additional graduate level course work to this student per the approved syllabi for the course.
Instructor Name: ____________________________  Instructor email: ____________________________@emich.edu

Instructor’s Signature approving registration: ___________________________________ Date: ________________

II. I have approved this course to be used on the student’s graduate Program of Study and have attached a copy to this request.

Program Coordinator Name: ___________________________  Email: ____________________________@emich.edu

Program Coordinator’s signature approving registration: ___________________________________ Date: ________________

III. I agree to the policies applicable to the earning of graduate credit for this 400-level course.

Student’s signature: ____________________________ Date: ________________

RETURN THIS FORM TO THE OFFICE OF RECORDS AND REGISTRATION, 303 PIERCE HALL, FAX: 734.487.6808.

For Office Use Only:

Undergraduate credit hours completed (maximum of 9): _____________

Request is [ ] Approved  [ ] Denied  [ ] Recorded in Banner  Date: ____________________________

Staff signature: ________________________________________________________________

Revised 9/2014