REQUEST FOR PERMISSION TO RECEIVE GRADUATE CREDIT FOR AN UNDERGRADUATE LEVEL OR PROFESSIONAL COURSE

Student's Name ___________________________ Date ___________________
( Last, First & Middle)

Student's VU ID ___________________________ Semester ___________________

Print Name of Instructor ___________________________

<table>
<thead>
<tr>
<th>Course Title:</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>Course (Dept.) Prefix</td>
<td>Course Number</td>
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Describe why you need to take this course as a part of your graduate program:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

List the assignments you must complete which are in addition to the work assigned to the undergraduate or professional student:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Student ___________________________ Date ___________________

Signature of Instructor ___________________________ Date ___________________

Signature of Director of Graduate Studies ___________________________ Date ___________________

Return completed form to the Graduate School, 411 Kirkland Hall, no later than the tenth day of classes (the end of the change-of-course period).