



THE GRADUATE SCHOOL
of the COLLEGE OF CHARLESTON

PERMISSION FOR AN UNDERGRADUATE STUDENT
TO TAKE A GRADUATE COURSE

ALL GRADUATE PROGRAMS (Exclusive of School of Education Programs)

1. Student Name _____ Student ID _____

2. Graduate program in which the course resides: _____ (e.g. MATH; HISTORY, ETC.)

3. **Justification for taking a graduate course:**

4. Will the student wish this to count toward his/her **undergraduate** degree? _____ YES _____ NO

NOTE: Students may use the course only once, either for undergraduate or graduate credit.

• If “yes” to above, the Graduate Office will forward this form to the Registrar’s Office if the student has been granted permission to register.

• If “no” to # 4, does the student have approval to apply this course to graduate work if subsequently admitted to the graduate program? _____ YES _____ NO

Program director, please initial your decision on this matter here as well as signing below.

_____ **Program Director Initial**

5. COURSE NUMBER AND SECTION	COURSE TITLE	TERM

6. Student’s Signature _____ Date _____

APPROVED BY: (PLEASE PRINT THEN SIGN)	
_____ / _____	COURSE INSTRUCTOR
_____ / _____	STUDENT’S ADVISOR
_____ / _____	CHAIR OF DEPT. OF STUDENT’S MAJOR
_____ / _____	GRADUATE PROGRAM DIRECTOR
_____ / _____	DEAN OF GRADUATE STUDIES

GSO Office Use only:
Student’s GPA: _____
Student’s EHRS: _____
Student’s Major: _____

RETURN THIS FORM TO THE GRADUATE SCHOOL OFFICE
SUITE 310 – RANDOLPH HALL