



Graduate School

2801 South University

Little Rock AR, 72204

UNDERGRADUATE STUDENT REQUEST FOR PERMISSION TO ENROLL IN A GRADUATE COURSE

STUDENT

Student Name : \_\_\_\_\_ TNumber: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Undergraduate Major(s): \_\_\_\_\_

I lack no more than 15 hours from my bachelor's degree and have a grade point average of at least 3.0. If approved, my course load this term will be \_\_\_\_\_ hours.

Student Signature

Date

GRADUATE SCHOOL

The above-named student's grade point average is \_\_\_\_\_ on a total of \_\_\_\_\_ credit hours earned toward a degree at UALR.

\_\_\_\_\_ verified \_\_\_\_\_ enrolled as of \_\_\_\_\_
Graduate School Employee Student Name Date

ADVISOR ~ INSTRUCTOR ~ PROGRAM COORDINATOR

I request permission to enroll in the following course:

Alpha Code Course Number Section Credits Title

for undergraduate credit, approved by \_\_\_\_\_

Undergraduate Advisor

to be reserved for graduate credit

Instructor (coordinator may verify consent and sign for)

Date

Program Coordinator

Date

GRADUATE SCHOOL

Graduate Dean

Date