

Permission to Enroll Undergraduate Student in Graduate Course

(Please Print Legibly)

Name: _____ SID#: _____ DOB: _____
Last First M.I.

UWP Email Address: _____ Phone Number: () _____

Instructions to Student:

1. Please complete all information.
2. Bring this form with the required signature(s) to the Office of the Registrar (WYLL D187).

PERMISSION TO ENROLL IN: _____ TERM: _____ YEAR: _____

Class information:					
Class #	Dept.	Course #	Section	Course Title	Undergraduate in Graduate Course

** This permission does NOT override time conflicts with classes already on your schedule. You must submit a Time Conflict Permission Form to override a time conflict.*

I understand that processing this request may produce a balance owed and it is my responsibility to contact the Cashier's Office and determine what charge, if any, has been added to my account. I realize that a hold will be placed on my student record unless the balance is paid by the due date established by the Cashier's Office.

Student's Signature

Date

***** *This form must be submitted to Office of the Registrar within 5 days of Approvals.* *****

Approvals Required:

Instructor: _____

Signature

Date

Department Chair/Dean: _____

Signature

Date

Graduate Dean: _____

Signature

Date

Office Use Only:

Date processed: _____

Initials: _____