## WESTERN CONNECTICUT STATE UNIVERSITY UNDERGRADUATE PERMISSION TO TAKE A GRADUATE COURSE Office: 203-837-8243 Fax: 203-837-8326

## TO BE COMPLETED BY STUDENT:

Name: Last	First
Student ID #	
Major:	Telephone #
I Request Permission To Take:	pt) (course #) (title of course)
	mmer 20 Intersession 20 (Jan) (Mar) (Aug)
Course to be used for: Graduate C	redit Undergraduate Credit
TO BE COMPLETED BY THE	W.C.S.U. REGISTRAR'S OFFICE:
Student is a member of the Senior	Class: Yes No
Cumulative Grade Point Average	to Date:
Registrar's Signatu	re Date
REQUIRED SIGNATURES (in o	order):
Approval of Instructor: Yes 1	No Signature/Date:
Approval of Dept. Chair: Yes	No Signature/Date:
Approval of School Dean: Yes	_ No Signature/Date:
Approval of Graduate Office: Yes	No Signature/Date:
Directions: (This form is for W.C. Step One: Complete name/course	S.U. undergraduate students only) information.
Step Two: Go to the Registrar's of	ffice and have your GPA verified.
Step Three: Get the required sign	atures in the above order.
Step Four: Register for the gradua the 2 <sup>nd</sup> floor of Old Ma	te course in the Division of Graduate Studies located on hin, Suite #206. 06-11-2008