



Name: \_\_\_\_\_ PID: \_\_\_\_\_  
Last Name First Name

Email: \_\_\_\_\_ Term\* & Year : \_\_\_\_\_  
*\*If for Summer, list session (i.e. "Summer A")*

Current Major: \_\_\_\_\_ College: \_\_\_\_\_

**1. Request for Permission to Enroll into 6000-level course:**

Per the graduate catalogue, 6000-level courses are restricted to graduate students only. For undergraduates to enroll into a 6000-level course, they must be a senior, within nine hours of graduation, have a minimum 3.0 GPA and not be registered for more than twelve hours. Having met these criteria, the student may request college permission to take a 6000-level class.

Hours of Enrollment: \_\_\_\_\_ (total with this enrollment) Current Cumulative Undergraduate GPA: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_ Semester / Year

6000-Level Course Information\*:  
*(must be completed)*

Class Num.	Prefix & Number	Section	Title	Credits
<i>*If the course has an associated lab/discussion, please fill out item #3</i>				

The program requests that the above student be allowed to enroll into the selected 6000-level graduate coursework based on one of the following:

The student has met the criteria above

**OR**

The student has shown strong academic aptitude outside of the above criteria

\_\_\_\_\_  
Instructor Signature/Print Name

\_\_\_\_\_  
Date

**2. Request for Permission to Enroll in 5000-level course:**

5000-Level Course Information\*:  
*(must be completed)*

Class Num.	Prefix & Number	Section	Title	Credits
<i>*If the course has an associated lab/discussion, please fill out item #3</i>				

**3. Associated Lab/Discussion section (if any):**

Class Num.	Prefix & Number	Section	Title	Credits
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**4. Dropped Courses (if any):** *Courses that need to be dropped due to the addition of courses on this form*

Class Num.	Prefix & Number	Section	Title	Credits
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5. **5000-Level Independent Courses:**

Title	Class #	Prefix	Course #	Credit	To be graded as:
Directed Independent Studies:	_____	_____	<b>5907</b>	_____	<input type="checkbox"/> S/U <input type="checkbox"/> Letter
Directed Independent Research:	_____	_____	<b>5917</b>	_____	<input type="checkbox"/> S/U <input type="checkbox"/> Letter

Assignment 1: \_\_\_\_\_ Date Due: \_\_\_\_\_ % of Grade: \_\_\_\_\_  
 (First assignment should be conducted before withdrawal deadline)

Assignment 2: \_\_\_\_\_ Date Due: \_\_\_\_\_ % of Grade: \_\_\_\_\_

Assignment 3: \_\_\_\_\_ Date Due: \_\_\_\_\_ % of Grade: \_\_\_\_\_  
 (Last day of classes in the term, or the above date)

Consultation Policy (example: weekly meetings, daily emails, etc):

Description of Work Required:

\_\_\_\_\_  
 Instructor Signature/Print Name

\_\_\_\_\_  
 Date

**Required Signatures:**

Student: I certify that this course is appropriate for my program of study, that I have met any course prerequisites (when required), and that I understand the effect of any additional classes on my program and standing. If enrolling in a 6000-level course, if I do not meet the 6000-level course criteria indicated above and an exception must be made, I understand and accept the additional academic responsibilities that need to be met in order to be successful in this advanced graduate level course. I accept responsibility for payment of my semester tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by the deadline, I will be charged a \$100 Late Payment Fee; my records will be put on hold; my account will be referred to a collection agency; and I may incur other financial consequences.

**If the student is a College of Arts & Humanities major or minor, it is the student's responsibility to contact CAHSA (CNH 202 or 407-823-3312) in order to ensure that the graduate course will appear on their undergraduate audit. Failure to do so could result in a delay in graduation.**

Student's Signature: \_\_\_\_\_  
Signature

\_\_\_\_\_  
 Date

*Approval of this enrollment grants an override of class limit, prerequisites, and course level. If any of these are not allowed, do not approve enrollment into this course. Use of this form will not override time conflicts or excessive hours. Please contact the College of Arts and Humanities Graduate Support Office at 407-823-4239 for more information about time conflict and excessive hours overrides.*

Department Chair (or designee): \_\_\_\_\_  
 (Department that houses the course) Signature/Print Name

\_\_\_\_\_  
 Date

Once the form is complete and all signatures obtained, please submit form to the CAH Graduate Support Office (CAH 190, +1990), Attn: Carla Gripp. If you any questions or concerns about the form, please call Carla at 407-823-2126.

College Graduate Office Approval: \_\_\_\_\_  
Signature

\_\_\_\_\_  
 Date