COURSE AUTHORIZATION

(for Undergraduate registering for Graduate courses)
(for Graduate students registering for Grad Courses that require approval)

STUDENT NAME _____

ID# _____

Student's Program Type:

Must check one. Form will not be processed if Student's Program Type is not selected

- ☐ ***Traditional Undergraduate**
- ☐ **Graduate**
- ☐ **Continuing and Professional Studies**
- ☐ **Disaster Medicine and Management**
- ☐ ***Online Program - Undergraduate**
- ☐ **Online Program - Graduate**

***Requires Undergraduate Program Director signature**

The above named student has permission to take:

Course Name	Course Number	Course Section	Semester	UG Requirement Being Replaced

Student's Signature _____ **Print Name** _____ **Date:** _____

Graduate Program Director (For Student's Program) _____ **Print Name** _____ **Date:** _____

†**Graduate Program Director (For Course Being Authorized)** _____ **Print Name** _____ **Date:** _____

Manager Academic Operations _____ **Print Name** _____ **Date:** _____

***Undergraduate Program Director** _____ **Print Name** _____ **Date:** _____

Undergraduate Program Director verifies GR course will meet UG requirement

†Signature not required for any course that does not have pre-requisites