

Edinboro University of Pennsylvania

AUTHORIZATION OF 400 AND 500 LEVEL COURSES FOR GRADUATE CREDIT

Student Identification Number:

Last Name: _____ First Name: _____ M.I.: _____

Session: Fall 20__ Wintersession 20__ Spring 20__ Summer 20__

Course: _____

Rationale for Requesting 400 and 500 Courses for Graduate Credit:

Previous 400 or 500 Courses taken for Graduate Credit*:

Student Signature: _____ Date _____

Please attach written agreement between the instructor and the student as to what higher level work will be performed that legitimates the course as a graduate offering.

APPROVED:

Course Instructor's Name: _____

Course Instructor Signature: _____ Date _____

Program Head Name: _____

Program Head Signature : _____ Date _____

Dean of the Graduate School: : _____ Date _____

*Students may take only two 400 or 500-level courses for Graduate Credit

Mail or Fax Completed Form to: **Office of Records and Registration, Edinboro University, Hamilton Hall, 210 Glasgow Rd, Edinboro, PA 16444, Fax: 814.732.2130, Phone: 814.732.3501**
Or email this form to: **records@edinboro.edu**

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