Cross-Level Registration Request

Student Information

Name | | | UA ID #
first name | *last name* |

UA Email | @uakron.edu | Primary Program of Study

Cross-level Registration Request *(select one of the four options)*

1 ☐ Undergraduate student registering for a **graduate course intended to fulfill an undergraduate degree requirement**

Graduate Course

subject	course number	units	term	year	Instructor's Permission and Signature

2 ☐ Undergraduate student registering for a **graduate course NOT intended to fulfill an undergraduate degree requirement**

Graduate Course

subject	course number	units	term	year	Instructor's Permission and Signature

3 ☐ Undergraduate student registering for up to **9 graduate-level units intended to fulfill (overlap) degree requirements of a COMBINED program of study**

Graduate Course(s)

subject	course number	units	term	year	Instructor's Permission and Signature

4 ☐ Graduate student registering for undergraduate courses solely intended to fulfill prerequisite(s) and/or for personal enrichment

Date | | Student's Signature

Approval of this request presumes student eligibility for the indicated cross-level registration.

Option(s)	Required Approval(s)	Date	Required Signature
1, 2, 3	Academic Advisor		
3, 4	Graduate Faculty Advisor		
3	Graduate POS Chair/Director		
3	College Dean		
3	Graduate Studies		

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