Commonwealth University Petition for Use of Graduate Level Courses to Satisfy Undergraduate Graduation Requirements

INSTRUCTIONS: This form is completed by the graduate program coordinator. After all approvals, return form to the Office of the Registrar. The Office of the Registrar will then process and archive into the student's electronic file.

This form is not to be completed by the student

STUDENT'S NAME:(Please Print) Last	t	First	MI	ID#
- 				
Undergraduate Progran	ı (major)	Graduate Program (major) Date		Date
REQUIREMENT	SUBST	ITUTION JUSTIFIC		TION
Undergraduate Major Course Requirement	Graduate Co	urse #		
General Education Requirement	Graduate Co	ourse #		
Goal #	_			
Signature of Academic Ad	visor	(Print) Academic A	dvisor	Date
Signature of Department (Chairperson	(Print) Department Chairperson		Date
Signature of Undergradua	te Dean	(Print) Undergraduate Dean		Date
Signature of Graduate Pro	gram Coordinator	(Print) Graduate Program Coordinator		Date
Signature of Graduate Dean		(Print) Graduate Dean		Date
Signature of Office of the Registrar		(Print) Office of the Registrar		Date
Signature of Financial Aid Office		(Print) Financial Aid Office		