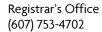
Cortland ID Number: C00-



Student Name:___



Request for Permission to Register for Graduate Courses during the Final Semester of Undergraduate Study

Local Address:				Local Telephone Numb	Local Telephone Number:	
City:		State:	Zip:	Cell Phone Number:		
E-mail:				Major:		
IMPORTAN	NT NOTES:					
	ate students may e Idents (those who l			only. Courses at the 600 lev	el are restricted to	
Students car	nnot take more tha	an nine SUNY Cor	tland graduate cred	its prior to admission to a g	graduate degree program.	
				k or student teaching. If yor raduate credit during the p		
	edits earned in this her colleges and u		not be transferable	toward meeting the requir	ements for a master's	
Unless a stud		d into a graduate	degree program, the	ey cannot receive financial	aid to cover the costs of	
All requirem the degree.	ents for a graduate	e degree must be	completed within fi	ve (5) years of first enrollm	ent in courses required for	
Graduate C	Courses requeste	d for: (circle one)	Fall Spring	Summer Winter	Year:	
CRN	Subject Code	Course Numbe	r	Title	Credit hours	
Total UG Se	mester Credit Hou	rs:		redits during academic semes		
Total GR Ser	mester Credit Hou	rs:	(May not exceed 9 co	redits.)		
Total UG + C	GR Semester Credit	t Hours:	(May not exceed 16 o	redits during the academic se	emester.)	
Student Sig	nature:		Date: _	Date:		
Advisor Approval:				Date: _	Date:	
Associate D	ean Approval:		Date:	Date:		