

## REQUEST FOR APPROVAL TO REGISTER AS A GRADUATE STUDENT FOR UNDERGRADUATE CREDIT

Date	:		NMU IN:				
STU	DENT NAME:						
Last		First		MI	Maic	Maiden	
ADD	RESS:						
		Street	City		State	Zip (	Code
CURI	RICULUM:						
	Number	Curriculum	Nur	nber	Curricu	llum	
	COURSE ID NUMBER		COURSE TITLE			NO. CREDITS	SEMESTER AND YEAR
	I	f approved, unde	rgraduate tuition will be c	harged f	or the cou	urse(s) above	

I understand that in requesting these courses for undergraduate credit that, if approved, they can never be converted to graduate credit, transferred as graduate credits, or applied to a graduate degree, continuing certification, or post-baccalaureate endorsement program.

STUDENT SIGNATURE

DATE

APPROVED DISAPPROVED

GRADUATE STUDIES OFFICE

DATE

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