Graduate Student Request form to take an Undergraduate Course

**Instructions:** Complete this form in consultation with the Instructor of the course you are interested in taking. Turn form into the Drop Box located across from CCB 114.

*Permit is given only if space is available.*

**Student Name:**__________________________________________  **GT ID:**_____________________________________________

**Academic Semester:**____________________________________  **Course:**_____________________________________

___ The student has the background necessary to be successful in the course.

___ The student has been advised by Professor ____________ to take the course for appropriate reasons.

___ This request should be given special priority.

**Comments:**____________________________________________________________________________________________

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**Student Signature:** __________________________________________________________  **Date:** __________________________

**Instructor Name (please print):** ____________________________________________  **Date:** _________________________

**Instructor Signature:** ________________________________________________________  **Date:** _________________________

*If permit is issued it is up to the student to register for the course.*