



School of Graduate Studies

Request to Take a Senior Undergraduate Course at the Graduate Level

University of Lethbridge ID Number

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Today's Date

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The graduate-level course will need to be timetabled before the student is able to register in it online.

Student information

| | |
|--|--------------|
| Surname: _____ Given Name(s): _____ | |
| Degree: _____ | Major: _____ |
| Concentration (if applicable): _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | |

Course information

| | |
|---|--|
| <i>Term: 01=Spring (January to April); 02=Summer (May to August); 03=Fall (September to December)</i> | |
| Title _____ | |
| Year: _____ | Term: _____ Course: _____ Number: _____ CRN: _____ Corresponding UG number: _____ Section: _____ |
| Instructor _____ | |
| Lab/Tut (if applicable): _____ CRN: _____ Lab instructor _____ | |

Rationale

Include a clear indication of the the nature of the extra work to be completed:

Signatures

| | | |
|-------------------------------|------------------|-------------|
| Student name: _____ | Signature: _____ | Date: _____ |
| (Co) supervisor name: _____ | Signature: _____ | Date: _____ |
| (Co) supervisor name: _____ | Signature: _____ | Date: _____ |
| Course Instructor name: _____ | Signature: _____ | Date: _____ |
| Department Chair name: _____ | Signature: _____ | Date: _____ |

Submit completed form to School of Graduate Studies Office.