

GRADUATE CREDIT PERMISSION FORM

An undergraduate degree-seeking student at the University of Maryland may, with the approval of his or her Dean, of the department, of the instructor offering the course, and of the Graduate School, register for graduate courses (600-level and above) that will be recorded as “for graduate credit only” and that may be applied towards an advanced degree at this university or elsewhere. Students eligible for this option normally will have achieved Junior standing, will have a GPA of at least 3.0, and will have successfully completed the prerequisite courses with a grade of “B” or better. The student must submit a plan of study that shows that taking graduate courses will not unduly delay completion of requirements for the bachelor’s degree. The total of graduate and undergraduate credits attempted in any semester may not be more than eighteen. The graduate credits so earned will not count towards any of the requirements for the Baccalaureate degree. A maximum of twelve credits may be taken for graduate credit by a student while enrolled as an undergraduate. Interested students should inquire at The Graduate School, 2123 Lee Building for information about procedure.

Student University ID Number (UID): _____ Name (please print): _____

Address: _____ Signature: _____

_____ Date: _____

College Certification

The above named student has a _____ grade point average in his major field and a _____ grade point average overall. This student is within ____ semester hours of his undergraduate degree. The following course(s) and credits will complete his or her undergraduate requirements:

Undergraduate Courses and Credits

APPROVED BY: (Must be signed by Dean’s Office – Undergraduate College)

Name (please print) _____ Title: _____

Signature: _____ Date: _____

Departmental Certification

The above named student has permission to enroll in the following graduate course(s) and credits offered in our program.

6 CREDITS MAXIMUM PER SEMESTER Graduate Courses and Credits

APPROVED BY: (Must be signed by Chair/Director-Department or Program)

Name (please print) _____ Title: _____

Signature: _____ Date: _____

Graduate School Review

APPROVED BY:

Name: _____
Graduate School

Date: _____

DISAPPROVED BY:

Name: _____
Graduate School

Date: _____

NOTE DISAPPROVAL AT ANY LEVEL TERMINATES THE REQUEST

Upon completion of the form, the Graduate School will forward a copy to: Undergraduate College, Registrations, Department and student.