



WAKE FOREST
UNIVERSITY

Office of Academic Advising

UNDERGRADUATE PERMISSION TO TAKE A GRADUATE LEVEL COURSE

Full Name: _____ **WFU ID Number:** _____

Department/Course Number/Section: _____

Course Title: _____ **Instructor's Name:** _____

This course will be taken for: **Undergraduate credit** **Graduate Credit**

Please specify the credit that should be granted. For example, elective credit in the major, specific course it will substitute, etc.

Department Chair Signature (To confirm undergraduate curriculum exception)

_____ **Date:** _____

REQUIRED APPROVALS TO REGISTER FOR THE COURSE:

Instructor's Signature

_____ **Date:** _____

Advisor's Signature

_____ **Date:** _____

Dean or Dean's Delegate Signature (Office of Undergraduate Advising)

_____ **Date:** _____

Graduate/Professional School Dean or Dean's Delegate Signature (Graduate School of Arts and Sciences, School of Law, School of Divinity, School of Business)

_____ **Date:** _____