Mixed Credit Form -

Undergraduate Registration in Graduate Courses



| Student Name: | | | Student ID: | FBU Email: |
|------------------|---------------|-------------------------------------|----------------------|-----------------|
| Local Address: | | | | Phone Number: |
| Undergraduate N | /lajor: | Undergraduate | Credits (Earned): | Cumulative GPA: |
| Year: 20 | _ Semester: | Select only one: DFALL DSPRING DSUM | MER | |
| Are you admitted | l into an Aco | elerated Master's Program? | If so, which program | ı? |
| PART 1: COUR | RSES TO BE | TAKEN | | |
| COURSE | SECTION | | | |

| COURSE NUMBER | SECTION NUMBER | COURSE TITLE | CREDIT HOURS | INSTRUCTOR SIGNAUTRE |
|------------------|-------------------|--------------|-----------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

PART 2: CHOOSE ONLY ONE TYPE OF CREDIT FROM BELOW

| Student Signature: | Date: | |
|--|--|--|
| Major Advisor Signature: | Print Name: | Date: |
| Obtain approval from Graduate Department Chain | person of the department in which the course is offe | red. |
| Graduate Depart. Chair Signature: | Print Name: | Date: |
| □ Accelerated Master's Program Creater Undergraduate and graduate GPA and/or accur | it: I am in an approved Master's Program, and I und | lerstand that credit will be applied toward bot l |
| iny undergraduate and graduate GFA and/or accur | nulated credit nours. | |
| | Date: | |
| | Date: | |
| Student Signature: Obtain approval from Department Chairperson of | Date: | |
| Student Signature: Obtain approval from Department Chairperson of Major Advisor Signature: | Date: The department in which the course is offered. | Date: |
| Student Signature: Obtain approval from Department Chairperson of Major Advisor Signature: Depart. Chair Signature: | Date: the department in which the course is offered. Print Name: | Date: Date: |