



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): _____ Full-time Part-time

Course information

Term: 01=Spring (January to April); 02=Summer (May to August); 03=Fall (September to December)

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 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.