

Request to Take a Senior Undergraduate Course at the Graduate Level

University of Lethbridge ID Number										
Today's Date										

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:							
Concentration (if applicable):					☐ Full-time	☐ Part-time	
Course information							
Term: 01=Spring (January to	April); 02=Sum						
Title							
Year: Term:	Course:	Number:	CRN:	Corresponding UG number:	Section	on:	
Instructor							
Lab/Tut (if applicable):	CRN:	Lab instructor					
Rationale							
Include a clear indication of th	ne the nature of	the extra work to be	completed:				
ignatures							
Student name:		Sig	gnature:		Date:		
Co) supervisor name:							
Co) supervisor name:			nature:		Date:		
Course Instructor name:							
Denartment Chair name		Çi	anature.		Date:		

Submit completed form to School of Graduate Studies Office.

Revised February 8, 2021 Page 1 of 1