



Request for Graduate Credit for 3000/4000 Level Course & Request for Retroactive Graduate Credit

See Graduate School Catalog for complete policies: http://catalog.uark.edu/graduatecatalog/

Student Name: _____ ID Number: _____

Email: _____@uark.edu Signature _____

Select type of request:

Request for Graduate Credit for 3000/4000 Level course (Form must be submitted before the course begins)

Request for Retroactive Graduate Credit** (Grades will remain part of the undergraduate record, and a mark of CR will be entered for the course on the graduate record)

It is recommended that the above-named student be authorized to take the following 3000 or 4000 level course(s) for graduate credit OR receive retroactive graduate credit for the following graduate courses taken while an undergraduate, as part of the requirement for the _____ program/degree.

Major Advisor (required) _____ name (print) Signature _____

Department/Program Head/ Chair/Director (required) _____ name (print) Signature _____

Courses Proposed for Graduate Credit/Retroactive Graduate Credit

This form does NOT override time conflicts or full class. It is presumed by signatures below that pre-requisites have been met.

Table with 6 columns: Semester & Year, Subject Name, Catalog Number, Class Number, Section Number, Variable Hours. Includes fields for Instructor Name and Signature, and a checkbox for 'Course used for undergraduate degree'.

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*Your signature certifies that the student will be/was taught at the graduate level and that you have/had graduate faculty status.

Courses taken before the student was admitted to the Graduate School must be certified by the undergraduate dean that the course was not used to satisfy undergraduate degree requirement by signature below:

I confirm that these courses were not used to satisfy undergraduate degree requirements OR the student is in an approved accelerated or 4+1 program which has been approved to apply courses to both the undergraduate and master's degree.

**Undergraduate Dean's Signature

(Required for Retroactive Graduate Credit request only) _____

APPROVED

Signature of Graduate Deans Office: _____ Date: _____

DENIED (Reason): _____