



University of South Alabama
AUTHORIZATION TO USE GRADUATE LEVEL
COURSE FOR UNDERGRADUATE DEGREE

Office of the Registrar
 390 Student Center Circle, Suite 1100
 Mobile, AL 36688
 Telephone: (251) 4606251
 records@southalabama.edu

Student Name: _____

Jag ID: _____ Major: _____

Concentration: _____ Minor: _____

Term	Subject	Course Number	Course Title	Credits	Grade

Student requests permission to use graduate level course(s) to satisfy requirements for undergraduate degree. Student understands if course is used to satisfy requirements for undergraduate degree, it may not be used to satisfy requirements towards a graduate degree.

Student Signature: _____ Date: _____

NOTE: No changes can be made after the student has been awarded a degree or certificate.

Authorization

Department Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Financial Aid: _____ Date: _____

Registrar Office Use Only

Graduation: _____

Records: _____

Date: _____

Date: _____