

BANNER ID _____ NAME _____ 500 LEVEL PERMISSION-PB
Last Name First Middle

**OFFICE OF GRADUATE ADMISSIONS
NORTH HALL WELCOME CENTER
SLIPPERY ROCK UNIVERSITY
SLIPPERY ROCK, PA 16057
(724) 738-2051**

POST-BACCALAUREATE PERMISSION TO ENROLL IN COURSES FOR GRADUATE CREDIT

NOTE: This form must be completed by all Post-Baccalaureate students wishing to receive graduate credit.

Important: Post-Baccalaureate students may not accumulate more than 6 semester hours of graduate credit. Graduate credits earned by Post-Baccalaureate students might not be acceptable towards a graduate degree. Questions concerning acceptability of credits should be directed to the Office of Graduate Admissions.

Major Total Hours Earned as Post-Bacc Cumulative GPA

The student listed above requests permission to take and receive graduate credit for the course(s) listed below:

Semester Year

<u>Course</u>	<u>Dept.</u>	<u>Course #</u>	<u>Section #</u>	<u>CRN #</u>	<u>Credits</u>

Justification:

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Student Signature Date Approved: Advisor's Signature Date

Approved: Dept. Graduate Coordinator Date Approved: Student's Academic Dean Date

Original to: Academic Records & Registration, Room 107, Old Main

Copies to: Student's Dean
Office of Graduate Admissions
Academic Advisor
Student