

EMPORIA STATE
UNIVERSITY
Graduate School

REQUEST FOR GRADUATE CREDIT

Seniors (must have 90 hours or more) For Enrollment in Graduate Courses Numbered 500-799 only

First Name Middle Name Last Name

Student ID _____, is hereby granted graduate credit for the term

_____ in the course(s):

Department Name Course No. & CRN No. Semester Hrs.

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Approved By:

Advisor Date Instructor of Course Date

Graduate Dean Date Registrar Date

Completed form must be submitted prior to enrollment.