

Mixed Credit/Senior Permission

Email: Registrar@MissouriState.edu
 Phone (417) 836-5520, Fax (417) 836-6334
 901 S National Ave, Carrington Hall 320
 Springfield, MO 65897

Form revised 8/3/2021

Before completing this form, student should thoroughly review the [Undergraduate Students Taking Graduate Classes Policy](#).

Last Name: _____ First Name: _____ M.I. _____ BearPass #: M _____

Undergraduate Major: _____ Undergraduate Credits earned: _____ Semester (select only one): Fall Spring Summer Year: _____

Are you admitted into an Accelerated Graduate Program? Yes No If yes, which Graduate Program? _____

Are you using VA Benefits? Yes No

List undergraduate classes for the selected semester:

CRN	Course Code	Course Number	Credit Hours	CRN	Course Code	Course Number	Credit Hours	CRN	Course Code	Course Number	Credit Hours

MIXED CREDIT-List classes you wish to request for the selected semester and obtain required signatures:

CRN	Course Code	Course Number	Credit Hours

Signatures must be obtained from the department head of your undergraduate major/minor AND the Graduate Program Director. If courses are taken in multiple departments/programs, a signature must be obtained for each class.

Dept. Head of Undergrad Major/Minor Signature _____ Date _____

Graduate Program Director Signature #1 _____ Date _____

Graduate Program Director Signature #2 _____ Date _____

SENIOR PERMISSION-List classes you wish to request for the selected semester and obtain required signatures:

CRN	Course Code	Course Number	Credit Hours

Signatures must be obtained from the department head where the course is offered. If courses are taken in multiple departments/programs, a signature must be obtained for each class.

Department Head Signature #1 _____ Date _____

Department Head Signature #2 _____ Date _____

Department Head Signature #3 _____ Date _____

By signing this form, I agree to the terms of the Undergraduate Students Taking Graduate Classes policy and understand that this form only gives permission for the course(s) listed. I must still register myself in the course(s) through the Missouri State University course registration system after this form has been approved and processed.

Student Signature: _____ Date _____

Graduate College Signature: _____ Date _____

Return completed form, with ALL required signatures, to the Office of the Registrar.

Graduate College Use Only	
Total Graduate and Undergraduate Credit listed on form	
Completed & Current Senior Permission Credits	
Completed & Current Mixed Credit	