

# Mixed Credit/Senior Permission Form

Revised 4/26/2018

901 S. National Avenue ▪ Carrington Hall ▪ Room 320 ▪ Springfield, MO 65897

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Before completing this form, please thoroughly review the [Undergraduate Students Taking Graduate Classes Policy](#). (Op3.04-51)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ BearPass# \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_ Undergraduate Credits (Earned): \_\_\_\_\_ Semester: *Select only one*  Fall  Spring  Summer Year: 20\_\_\_\_

Are you admitted into an Accelerated Graduate Program?  YES  NO If so, 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 \_\_\_\_\_

**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 (Op3.04-51) 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 \_\_\_\_\_

GRADUATE COLLEGE USE ONLY	
Total Graduate and Undergraduate Credit listed on form	
Completed & Current Senior Permission Credits	
Completed & Current Mixed Credit	

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