

Request for a Graduate student to enroll in an undergraduate course

Send completed form to your program's designated Records Coordinator in the Office of the Dean, Faculty of Graduate Studies.

Student information		
Surname, First Name	Given name(s)	
Student Number	E-mail	
Program	Degree & level of study	Current status

Course requested			
Must be required to complete degree requirements			
Faculty, course number, credit e.g., GL/Fran 4630 3	Course title	Term e.g., F20	Catalogue number e.g., cat #H04D01
Student signature		Date (mm/dd/yyyy)	

Grounds for permission — To be completed by student's graduate program director		
Course must be required to complete degree requirements.		
Graduate program director name	Signature	Date (mm/dd/yyyy)

Course Instructor Approval		
Name	Signature	Date (mm/dd/yyyy)
Undergraduate Approval—To be completed by course instructor, program director or department Chair		
Name & Title	Signature	Date (mm/dd/yyyy)

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416)736-2100 x 55521.