



Request for Approval of UVa Graduate Course Credits  
Taken While UVa Undergraduate Student

Student name:  
(last, first middle)

SIS ID:

Program:  
(department)

Date:

Course #	Course Title	Credits	Grade	Year	Semester

Signatures:

Advisor/Date:

Approved:

Denied:

Program/Date:

Approved:

Denied:

Comments/Notes: