

## Graduate Lifelong Learning/Guest Student Request to Elect a Graduate Course(s)

Please Print Clearly

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
SSN or UMID

\_\_\_\_\_  
Date

Term: (Please circle one)

WINTER

SPRING

SUMMER

FALL

YEAR \_\_\_\_\_

CRN	DEPT.	NUMBER	SECTION	SIGNATURE(S)* TO ELECT COURSE	SIGNATURE(S)* TO OVERRIDE WAITLIST	DATE

\* Students must obtain instructor or program director approval for each course he/she wishes to elect. Certain courses may require the signature of both the instructor and the program director. Guest students must also submit approval (via a memo) from their advisor in the program in which they are currently enrolled or admitted.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_