

PERMISSION TO TAKE A COURSE FOR GRADUATE CREDIT

Name _____

Rhodes ID _____ Year of Graduation _____

Permission is requested to take the following course for Graduate Credit:

| | | | |
|----------|---------------|----------------|-------|
| Business | _____ | _____ | _____ |
| | Course Number | Section Number | CRN |

Conditions: _____

Signature of Student _____