Registration Permission Form for Special Graduate Level Courses

This form must be completed and returned in person ***by the student*** to the Office of the Registrar no later than the date shown below. Otherwise, the form is void.

Summer Session course ..due by 3rd class meeting — Winter Quarter course due by 1st Thursday of quarter
Autumn Quarter course ...due by 1st Thursday of quarter — Spring Quarter course due by 1st Thursday of quarter

(Any course shown below must be added to a student's schedule no later than the 1st Thursday of the quarter -- the same as any other course added to a schedule.)

Name of Student_____ Student ID# _____

Signature of Student _____Date _____/_____/_____

Student Type o MAE Student o MAT Student o MBA Student o MSN Student o Undergraduate in Graduate Level Course

Quarter Course To Be Taken o Summer 20_____ o Autumn 20_____ o Winter 20_____ o Spring 20_____

Course o I am an undergraduate and wish to take the following graduate course.

Course and section # (example: NURS 666-1G)_____

Reason for taking_____

o I wish to take BADM _____ or EDUC_____ or NURS_____ which is not part of my graduate program.

- o BADM 690 (Independent Study)
- o EDUC 589 (Independent Study/MAT)
- o EDUC 689 (Independent Study/MAE)
- o EDUC 695 (Capstone Project/MAE)*
- o NURS 665 (Scholarly Project)*
- o NURS 667 (Comprehensive Exam)*
- o NURS 695 (Scholarly Project)*
- o NURS 697 (Comprehensive Exam)*
- o NURS 698 (Independent Study)
- o NURS 700 (Thesis)*

* Course has an additional per-credit-hour fee. See the *Resources* link on the Otterbein website. Once there, click *Resources for Current Students*, then click *Business Office* and then click *Fee Schedule*.

Credit Hours _____ (for BADM 690, EDUC 589/689/695 and NURS 665/695/698/700 only)

For EDUC 689 Independent Study, course will be o letter graded o pass/fail graded

Title of Independent Study _____

Signature of Instructor Providing Grade _____ Date _____/_____/_____

Printed Name of Instructor Providing Grade_____

MAE/MAT/MBA/MSN Director Signature_____ Date_____/_____/_____

REGISTRAR OFFICE USE ONLY

Received by _____ Date _____/_____/_____

- o Entered on system. Course ID _____
- o If EDUC 689 is pass/fail, entered PF in Grd Type field.
- o Entered N in SCHED PRINT field on 130.
- o Entered on student's schedule.
- o Completed add/drop (and distributed copies if after census).
- o Notified Business Office to add to rate table; included reminder about capstone or other fee if applicable.
- o If student is undergraduate, routed to Registrar to adjust transcript reecord.