

College of

DESIGN

ARCHITECTURE

ART

PLANNING

This is to authorize the Registrar to post the following graduate level courses on my transcript as counting toward my undergraduate degree. I understand that these courses cannot count as graduate credit at any time in the future.

Student Name _____ UCID _____

Date _____

Please complete application and return to:

1
Course Title _____ Course Number _____

Academic Year _____ Fall Spring Summer

2
Course Title _____ Course Number _____

Academic Year _____ Fall Spring Summer

3
Course Title _____ Course Number _____

Academic Year _____ Fall Spring Summer

4
Course Title _____ Course Number _____

Academic Year _____ Fall Spring Summer

5
Course Title _____ Course Number _____

Academic Year _____ Fall Spring Summer

Student Signature _____ Date _____

Program Advisor Signature _____ Date _____

Assistant Dean Signature _____ Date _____

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