

**Academic Affairs Office
College of Public Health**

University of South Florida
13201 Bruce B. Downs Blvd., MDC 56 • Room 1150 • Tampa, FL 33612
phone 813-974-6505 • fax (813) 974-8121
www.publichealth.usf.edu/academicaffairs

**APPROVAL FOR UNDERGRADUATES
TO TAKE GRADUATE LEVEL COURSES**

Complete this form, get the required signatures, and submit to the Academic Affairs Office, College of Public Health. An electronic permit to register will be issued within 48 hours after being submitted. STUDENTS MUST COMPLETE THEIR REGISTRATION in OASIS via the Web: <http://usfonline.admin.usf.edu/>

Student's Name: _____ ID #: _____
Phone: _____ Email: _____
Undergraduate hours completed: _____ Graduate hours completed: _____

I. This undergraduate student has my permission as his/her academic advisor to enroll in the following Public Health graduate course(s):

REF #	PREFIX	COURSE #	TITLE

I have evaluated this student and the course(s) and feel that the student has an adequate background and sufficient reasons to take a graduate level course as an undergraduate. The student has been advised as to how this course will fit into his/her curriculum for graduation.

This student:

_____ plans to enroll in a public health degree program
_____ does not plan to enroll in a public health degree program

NAME of Undergraduate Academic Advisor: _____

Advisor Signature: _____ Date: _____

II. NAME of the Course Instructor: _____

Instructor Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Return this form to the Academic Affairs Office, College of Public Health, Room 1150.

Approved by the Associate Dean for Academics:

Signature: _____ Date: _____