



Request for Retroactive Graduate Credit

Student Name _____ U of A ID number _____ e-mail _____@uark.edu

I understand that grade(s) will remain part of my undergraduate record, and a mark of CR will be entered for the course on the graduate record.

Student Signature _____ Date _____

See [Retroactive Graduate Policy in the Graduate School Catalog](#)

- 1. Was the student in his/her final 12 months before receiving an undergraduate degree? YES [] NO []
2. Were the courses taken at the University of Arkansas? YES [] NO []
3. Did the student use these courses for any undergraduate degree at the University of Arkansas? YES [] NO []

For ELEGMS, CSECMS, CENGMS, MEHPMS students only: Student has been approved to take additional courses []

Undergraduate Dean's Signature (required) _____

Major Advisor or Committee Chair (required) _____ Name (Print) _____ Signature _____

Courses Proposed for Graduate Credit

1 Semester Taken Subject Name Catalog Number Class Number Section Number
Instructor Name (Print) Instructor Signature*

2 Semester Taken Subject Name Catalog Number Class Number Section Number
Instructor Name (Print) Instructor Signature*

3 Semester Taken Subject Name Catalog Number Class Number Section Number
Instructor Name (Print) Instructor Signature*

*Your signature certifies that the student was taught at the graduate level and that you had graduate faculty status.

FOR GRADUATE SCHOOL USE ONLY:

[] Remove University of Arkansas transcript special notation

Approved by: _____ Date _____
Dean's Signature

Denied/Reason: _____ Date _____