



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, CSCEMS, 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' Signature

Denied/Reason: _____ Date _____