

Request for Taking an Undergraduate Course for Graduate Credit

Name: _____ Phone: _____

E-mail Address: _____

Undergraduate course requested (Cat. # & title): _____

****Check the historical specialization of the undergraduate course requested****

- | | |
|--|--|
| <input type="checkbox"/> 6010: Special Studies in Roman History | <input type="checkbox"/> 7610: Colloquium in 19 th Century U.S. History |
| <input type="checkbox"/> 6880: Special Studies in Latin American History | <input type="checkbox"/> 7620: Colloquium in the History of the American West |
| <input type="checkbox"/> 6890: Special Studies in World History | <input type="checkbox"/> 7630: Colloquium in American Women's History |
| <input type="checkbox"/> 6900: Special Studies in European History | <input type="checkbox"/> 7640: Colloquium in Early America |
| <input type="checkbox"/> 6910: Special Studies in American History | <input type="checkbox"/> 7650: Colloquium in American Social History |
| <input type="checkbox"/> 6920: Special Studies in Middle Eastern History | <input type="checkbox"/> 7660: Colloquium in U.S. Foreign Relations |
| <input type="checkbox"/> 6930: Special Studies in Asian History | <input type="checkbox"/> 7670: Colloquium in Environmental History |
| <input type="checkbox"/> 6950: Special Studies in British History | <input type="checkbox"/> 7680: Colloquium in American Religious History |
| | <input type="checkbox"/> 7690: Colloquium on the U.S. in World History |
| | <input type="checkbox"/> 7700: Colloquium in European History |
| | <input type="checkbox"/> 7720: Colloquium on Early Medieval Europe |
| | <input type="checkbox"/> 7740: Colloquium in Middle Eastern History |
| | <input type="checkbox"/> 7750: Colloquium in Latin American History |
| | <input type="checkbox"/> 7760: Colloquium in Asian History |
| | <input type="checkbox"/> 7770: Colloquium in World History |

Semester: _____ Year: _____ Instructor: _____

Student Signature: _____ **Date:** _____

In order to receive graduate credit for this course the student will do the following project(s). Please be specific.

I have agreed to supervise this course.

Instructor Signature: _____ **Date:** _____

____ Approved ___ Disapproved

Graduate Director Signature: _____ **Date:** _____

THIS FORM MUST BE COMPLETED IN FULL, SIGNED BY ALL THREE PARTIES AND GIVEN TO THE DEPARTMENT OF HISTORY'S GRADUATE SUPPORT PERSON BEFORE A CLASS NUMBER WILL BE ISSUED.