Permission for Graduate Course for Unclassified Student Form

Use this form if you're an unclassified (non-degree seeking) student seeking permission to take a graduate course in Arts & Sciences. This form must be submitted to the Office of the University Registrar when making application to William & Mary; see instructions below.

Admission as a non-degree seeking student does not imply subsequent admission to the graduate program in which the course was taken. See the A&S Graduate Catalog (“Graduate Degree Credit Earned by Non-Degree Seeking Students”) for more detail.

Employees of William & Mary should complete the Employee Tuition Waiver form available on the Human Resources website.

Instructions

Signatures required before returning form:

- Student;
- Course instructor;
- Director of Graduate Studies or Dept. Chair/Program Director in department or program;

Return form by email to the Office of Graduate Studies (dean-gsr@wm.edu). The OGS will obtain the signature of the Assistant Dean for Graduate Studies and will subsequently notify you when the form is complete and will forward the form on your behalf to the Office of the University Registrar.
# Permission for Graduate Course for Unclassified Student

**Student's Name:** ____________________________ **Banner ID #:** ____________________________

*I request permission to take the course listed below. I understand that permission to take this course as a non-degree seeking student does not imply subsequent admission to the graduate program.***

**Course Title:** ____________________________

**Course CRN#:** ___________ **Dept./Prog.**: ___________ **No.** _______ **Section**: _______ **Credits**: _______

Please check the appropriate box to indicate whether you will be taking the course for credit or for audit:

- [ ] Credit
- [ ] Audit

**Course Taken In:** Year ___________ **Semester:**

- [ ] Fall
- [ ] Spring
- [ ] Summer

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**Student Signature** ____________________________ **Date:** ___________

**Course Instructor:** Print Name | Signature ____________________________ **Date:** ___________

**Chair/Director of Graduate Studies:** Print Name | Signature ____________________________ **Date:** ___________

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**Assistant Dean for Graduate Studies Signature** ____________________________ **Date:** ___________

**Distribution:**

- [ ] Department/Program
- [ ] Student
- [ ] File
- [ ] Office of the University Registrar

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