



WILLIAM & MARY

College of Arts & Sciences

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 Director, A&S Graduate Studies and will subsequently notify you when the form is complete.



WILLIAM & MARY

College of Arts & Sciences

OFFICE OF GRADUATE STUDIES
Ewell Hall (Suite 256), 221 Jamestown Road
757-221-1966 | dean-gsr@wm.edu

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

Student Signature _____ Date _____

Course Instructor: Print Name | Signature _____ Date _____

Chair/Director of Graduate Studies: Print Name | Signature _____ Date _____

Assistant Director, A&S Graduate Studies Signature _____ Date _____	
Distribution: <input type="checkbox"/> Department/Program <input type="checkbox"/> Student <input type="checkbox"/> File <input type="checkbox"/> Office of the University Registrar	