



ASBURY UNIVERSITY

OFFICE OF THE REGISTRAR

registrar@asbury.edu

GRADUATE COURSE UPGRADE – APPROVAL AND FINALIZATION

To be completed by the Graduate Program Director and used for one undergraduate course upgrade to the co-listed Asbury graduate course. Submit one form for each upgraded course.

Please attach a copy of the Application to Upgrade form, signed by the student.

Student's Full Name (print): _____ ID #: _____

Graduate Program: _____ Graduate Program start date: _____

Requirements before submission: 1) the Asbury undergrad course was completed within 5 years of enrollment in the Asbury graduate program, 2) the undergraduate co-listed course final grade was B or above, 3) the upgrade was completed within the student's first 12 hours of the graduate program, 4) the upgraded work has been completed and meets the graduate-level requirements, 5) the student's signed Application to Upgrade form is attached. If the student has not successfully completed the graduate-level upgrade, this form is submitted only for faculty payment.

Asbury Undergraduate Course #: _____

Asbury Graduate Course # (for co-listed courses only): _____

Credit Hours: _____

Date the student successfully completed this graduate-level course upgrade: _____

Upgrade supervising faculty member (name): _____

Term of upgrade completion: Fall Spring Summer Year: _____

FACULTY DECISION [please check only one box below]:

- Graduate credit approved - The undersigned faculty member has reviewed this graduate course upgrade and has deemed it meets the requirements for graduate-level institutional credit.**
- Attached is a copy of this student's signed Application to Upgrade form.
 - Signatures indicate that the student should be awarded institutional credit (without a grade) for the above graduate course on the student's transcript and approve faculty payment processing.
- Graduate credit not approved - The student has not successfully completed the graduate-level course upgrade.** This form is being submitted only for faculty payment.

Supervising Faculty (print): _____ Department: _____

Signature: _____ Date: _____

Program Director (print): _____ Department: _____

Signature: _____ Date: _____

Registrar's Office use only:

Registrar's Office received date: _____ Date notified Provost's Office for faculty payment (\$50): _____

Date institutional credits added to transcript: _____ Processed by (initials): _____