



Registrar's Office (East Falls)
Email: TJU_EF_Registrar@jefferson.edu

COURSE AUTHORIZATION

(For Undergraduate registering for Graduate courses)
(For Graduate students registering for Grad Courses that require approval)

STUDENT NAME: _____ Campus Key#: _____

Student's Program

Type:

**Must check one.
Form will not be
processed if
Student's Program
Type is not selected**

- *Traditional Undergraduate
- Graduate
- Continuing and Professional Studies
- Disaster Medicine and Management
- *Online Program - Undergraduate
- Online Program - Graduate

(*Requires Undergraduate Program Director signature.)

The above named student has permission to take:

Course Name	Course Number	Course Section	Semester	UG Requirement Being Replaced

Student's Signature Print Name Date: _____

Graduate Program Director's Signature Print Name Date: _____
(For Student's Program)

†Graduate Program Director's Signature Print Name Date: _____
(For Course Being Authorized)

Manager Academic Operations' Signature Print Name Date: _____
(Not for CABE)

*Undergraduate Program Director's Signature Print Name Date: _____
(or Advisor for CABE)

(Undergraduate Program Director/CABE Advisor verifies GR course will meet UG requirement.)

Does student have a cumulative GPA of 3.0 or higher: YES ___ NO ___

†Signature not required for any course that does not have pre-requisites

PROCESSING: Send Completed Form to TJU_EF_Registrar@jefferson.edu or
Thomas Jefferson University, Registrar's Office (East Falls), 4201 Henry Ave. Archer Hall, Philadelphia, PA 19144 Fax: 215-951-2742