

University of San Diego

Professional and Continuing Education

Graduate Course Approval Form



Semester	<input type="text"/>	Date	<input type="text"/>
Instructor Name	<input type="text"/>		
Instructor Email	<input type="text"/>	Instructor Telephone	<input type="text"/>
Course Name	<input type="text"/>		
Course Number	<input type="text"/>		

Permission form must be approved by instructor and department before your enrollment will be processed by USD Professional & Continuing Education.

I have agreed to allow _____ to participate in my course. I feel she/he is qualified, and space is available to allow this enrollment.

Graduate Director	<input type="text"/>	<input type="text"/>
	Print Name	Signature

Departmental/College/School Review

Associate/Assistant Dean or Chair	<input type="text"/>	<input type="text"/>
	Print Name	Signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Phone Number	Email