Graduate-Level Course Exclusion Request Form for BA-MA, BS-MS or BA/BS-MBA Students

This form is to be used by undergraduate students enrolled in accelerated graduate programs (BA-MA; BS-MS; BA/BS-MBA) who wish to take graduate-level courses that count toward master’s degree only.

This form must be submitted to the dean’s office at least 48-hours before the add/drop deadline of the current semester when the excluded course(s) is taken. The dean’s office will forward the approved form to the Offices of the Registrar & Financial Aid by the add/drop deadline. The add/drop deadline, and other important dates, may be found on the academic calendar at https://www.umassd.edu/academiccalendar/. Retroactive requests will not be approved.

Undergraduate students enrolled in accelerated graduate programs are allowed to double count some credits of graduate-level (500/600 level) and in some programs 400-level courses. These courses will count toward both BA/BS and MA/MS/MBA degree requirements. Students do NOT need to submit this form for double counting courses.

For any graduate-level courses beyond those approved to double count, you must submit this form so that the graduate course(s) is excluded from the undergraduate cumulative credits and undergraduate cumulative GPA. Excluding the courses preserves them for later use toward the graduate degree only.

Excluding a course may impact your undergraduate financial aid and scholarship eligibility. Prior to submitting this form, it is imperative that you discuss any potential implications with both your academic advisor (or graduate program director) and financial aid advisor if appropriate.

- By signing below, I certify I have discussed this with my academic advisor and/or graduate program director.
- By signing below, I certify I have discussed this with my financial aid counselor as appropriate.

Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Student ID</th>
<th>Email Address</th>
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Major/Program of Study  Semester/Year Enrollment Requested  Anticipated Baccalaureate Degree Completion Semester/Year

Course Information

Course(s) :  Course Subject  |  Course Number  |  Course Section  |  Instructor Name

1) __________________________________________________________

2) __________________________________________________________

3) __________________________________________________________

Signature and Approvals

Student Signature

______________________________

Date

Dean’s Office Approval Signature

______________________________

Date

For Office Use Only:  Processed by__________________________  Date__________

Revised 8/23/2021