YALE DIVINITY SCHOOL DOWNTOWN PERMISSION SLIP
UNDERGRADUATE COURSE

Use this form for course numbers less than 500

SID # ____________________________ DATE: ______________________

(Student’s name) ____________________________ has my permission to take the following course:

Course number: ________________ CRN #: ________________

Course Title: __________________________________________________________

The following additional work will be expected of the student in order to bring the course to graduate level. Final approval of the proposed work is required by the YDS Academic Dean before the student may receive graduate level credit for this course:

________________________________________
________________________________________

Instructor’s name: ________________________ Instructor’s signature: ________________________

Approved: ______ Signed: ______________________________

YDS Academic Dean