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 (not necessary for language or other skills-based courses):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Instructor’s name: _________________ Instructor’s signature: ______________________________

Approved: _____ Signed: ______________________________

YDS Academic Dean