

# Cross Divisional Registration Approval Form

## The Office of Registration and Records

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Number of credits completed: \_\_\_\_\_

First Year and Term of Entrance at Capitol Technology University: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Cross Divisional Course Substitution Approvals:**

Course Number	Course Title	Replaces: Course Number or Elective	Departmental Signature for Substitution Approval

*I understand courses taken at the graduate level to satisfy my undergraduate degree requirements will not be counted toward the graduate level should I choose to pursue a graduate degree. Course substitutions will be necessary for completing graduate credit requirements.*

**Concurrent Cross Divisional Approvals**

*(For current undergraduate students taking graduate-level coursework to meet graduate degree requirements.)*

Course Number	Course Title	Departmental Signature for Concurrent Cross Divisional Approvals

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document will be held in the student's folder. A copy may be forwarded to the Office of Advising for degree requirement alterations.

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Student Notified: \_\_\_\_\_ Staff Initials: \_\_\_\_\_