ISU UNDERGRADUATE/GRADUATE DUAL CREDIT AGREEMENT

Name: ___________________________________________ Student ID #: _____-_____-_____
International Student? □ Yes □ No
Phone: (____)_________ E-mail Address: ____________________
Undergraduate Major: ____________________ Current Undergraduate GPA: ____________
Number of undergraduate credit hours in which you are currently enrolled: ____________________
Anticipated ISU undergraduate degree completion Date: ____________________
Intended field of graduate study: MBA-MASTERY OF BUSINESS ADMINISTRATION
Anticipated admission Date: Year: 20__ □ Fall □ Spring □ Summer I □ Summer II

Registration Information: Term: ____________________
CRN: ________ Course: ____________________ Credit Hours: ____________

* I understand that final admission to a graduate program of study at ISU is contingent upon my meeting all College of Graduate and Professional Studies and department/program admission requirements as well as the approval of a graduate department/program.
* I understand that graduate level courses will be graded at the graduate level. Work resulting in a grade lower than a C is failing. Only graduate courses in which a student has earned a grade of B or better will be transferred into the student’s academic record at the graduate level at ISU. Transferability to another institution is not guaranteed.
* The grade assigned to this course will count only in the student’s undergraduate GPA. This course will be included in the undergraduate honors calculation. The grade will not be included in the student’s graduate GPA, since the course is eligible as transfer credit only.

Student’s signature: ____________________ Date: ____________

APPROVALS

Approved Disapproved

________________________ __________________________ □ □
Undergraduate Advisor Date
______________________________________
Chair, Undergraduate Program Date
______________________________________
Chair, Graduate Program Date
______________________________________
Dean, College of Graduate and Professional Studies Date

For use by the Office of Registration and Records:
Verify if a drop of the undergraduate course needs to occur: _______
Registration Processed: ____________________ Assign DUAL attribute: ____________________

Please deliver the completed form to the Office of Registration and Records for processing.