

Application for Course Articulation for SMD Graduate Students

|  |  |
| --- | --- |
|  Name: | Enter text. |
|  |  |
|  URID: | Enter text. |
|  |  |
| Program: | Enter text. |
|  |  |
| Phone #: | Enter text. |
|  |  |
|  |  |

Course(s) that you are requesting to audit:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject Code** | **Course #** | **Grade** | **Credit Hours** | **Course Title** |
| Text | Text | Text | Text | Enter text. |
| Text | Text | Text | Text | Enter text. |
| Text | Text | Text | Text | Enter text. |

Program Director Signature Date

**Submit to** registrar@rochester.edu