

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](mailto:registrar@rochester.edu)