(UGWG) Undergraduate with Graduate Courses Certification

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: _____

USF ID: U ____ ____ ____ ____ ____ ____ ____ ____   Date of Birth: ____ ____ / ____ ____ / ____ ____ ____ ____
                                                                                Month   Day   Year

<u>IMPORTANT</u>: This form must be completed (including any attachments) and submitted to Office Financial Aid immediately, but no later than:

Fall/Spring by April 26, 2024   Summer by July 12, 2024

Instructions: To be completed by a USF Academic Advisor. This form will be processed within (10) business days after drop/add. Courses that do not satisfy current degree requirements will not be processed. Students will be approved for a maximum of (6) graduate credit hours, unless admitted to an accelerated program, where the limit is (12) graduate credit hours. To upload your document into OASIS, please follow these instructions: https://www.usf.edu/financial-aid/howto/unsatisfied-requirements.aspx. If the link is not in OASIS, contact the Office of Financial Aid (https://www.usf.edu/financial-aid/questions/) to request the link to upload the form in OASIS.

1. The following information is for the term (choose only one term):   Fall 2023   Spring 2024   Summer 2024
2. Is this student classified as an undergraduate degree-seeking student at USF?   Yes   No
3. Has this student previously been approved to take (6) graduate credit hours?   Yes   No
4. Is this student admitted to an accelerated program (If yes, please list program)?   Yes   No   _____
5. List the graduate level courses (5000 level and above) that apply towards the student's current USF primary major/degree program:

Graduate Courses				Satisfies Outstanding Requirement for Current Degree?	Indicate Degree Requirement Satisfied
Subject	**Course Number**	**Course Title**	**Credit Hours**		
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
	Total:				

<u>USF Academic Advisor:</u>
By signing this form, I certify that all the information reported to qualify for student aid is complete and correct.
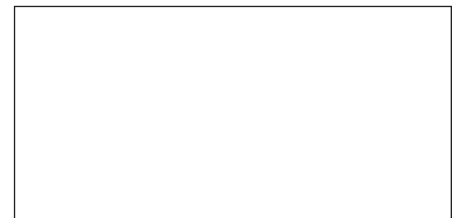**Warning:** If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

NOTE: Department Stamp must be provided or advisor must sign using Docusign

_____
Print Name

_____
Title

_____ _____ / _____ / _____
Signature   Date

Department Stamp

<u>Student:</u>
I acknowledge that submission of this form does not guarantee approval. I understand that I will be responsible for paying for the tuition and fees for all coursework regardless of the outcome of this request.

_____ _____ / _____ / _____
Student Signature   Date

All signatures must be handwritten, or signed with Docusign. Typed signatures will not be accepted.