

(UGWG) Undergraduate with Graduate Courses Certification

2024-2025

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

IMPORTANT: This form must be completed (including any attachments) and submitted to Office Financial Aid immediately, but no later than:
 Fall/Spring by April 25, 2025 Summer by July 11, 2025

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 Student Self-Service, please follow these instructions: <https://www.usf.edu/financial-aid/howto/unsatisfied-requirements.aspx>. If the link is not in Student Self-Service, contact the Office of Financial Aid (<https://www.usf.edu/financial-aid/questions/>) to request the link to upload the form in Student Self-Service.

- The following information is for the term (choose only one term): Fall 2024 Spring 2025 Summer 2025
- Is this student classified as an undergraduate degree-seeking student at USF? Yes No
- Has this student previously been approved to take (6) graduate credit hours? Yes No
- Is this student admitted to an accelerated program (If yes, please list program)? Yes No _____
- 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		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total:					

USF Academic Advisor:

By signing this form, I certify that all the information reported to qualify for student aid is complete and correct.

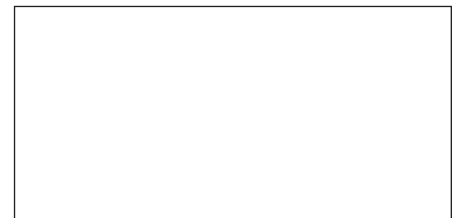
Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

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

 Print Name

 Title

_____/_____/_____
 Signature Date



Department Stamp

Student:

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.

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