

### Out of Career Form

This form will allow you to enroll in a course outside of your academic career for credit\*.  
Signatures may be submitted via NAU emails.

Name (First, Last): \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ @nau.edu

Term: \_\_\_\_\_ Subject & Catalog# \_\_\_\_\_ Class #: \_\_\_\_\_  
Ex: BIO 181

Embedded Lab#: \_\_\_\_\_ Number of Units: \_\_\_\_\_

I allow permission to be added to the Wait List if the class is full.

#### Please identify your goal from one of the options below:

- I am in an accelerated program, requesting enrollment in a graduate course and I have checked with my advisor to determine whether I am eligible to use this course as dual use (Policy 100309).  
Or
- I am a graduate student requesting a 400 level course be counted in my graduate career.  
Or
- I am a senior not in an accelerated program requesting enrollment into a 500 level course.

#### Student Acknowledgements:

- I have checked with my advisor to determine how this course fits into my degree program.
- I have checked with my advisor to verify that I am eligible to take this course (Policy 100327).
- As an undergraduate student, I have contacted the instructor to discuss the rigor of the course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Pick one option from numbers 1-6 below:

##### 1. Undergraduate senior not enrolled in an accelerated program enrolling into a 500-level course (Policy 100327):

- I acknowledge that I have verified that this student has/will attain senior-level status (i.e., at least 90 units) by the term in which the course begins.
- I acknowledge that I have verified that, by enrolling in this course, this student will not exceed 6 out-of-career units.
- I acknowledge that I have reviewed with the student their interest in taking the course.

Advisor Name (Print): \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**2. Undergraduate student enrolled in an accelerated program enrolling into a 500-level course for dual use (up to 12 units):**

By signing this form, I acknowledge that I have reviewed with the student their interest in taking the course.

Advisor Name (Print): \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Undergraduate student enrolled in an accelerated program enrolling into a 500-level course for non-dual use:**

- I acknowledge that I have verified that this student has/will attain senior-level status (i.e., at least 90 units) by the term in which the course begins.
- I acknowledge that I have verified that, by enrolling in this course, this student will not exceed 6 non-dual use, out-of-career units.
- I acknowledge that I have reviewed with the student their interest in taking the course.

Advisor Name (Print): \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Undergraduate student in an accelerated program enrolling into a 600-level course for dual use (Policy 100309):**

The student's accelerated program requirements require enrollment in a 600-level course in their undergraduate career; they will be using this course as dual use.

- I acknowledge that I have reviewed with the student their interest in taking the course; it will be used to fulfill both undergraduate and graduate degree requirements.

Advisor Name (Print): \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* **Please note:** Effective fall '27 accelerated UGRD students will not be permitted to enroll in 600 coursework.

**5. Undergraduate student in an accelerated program enrolling into a 500- or 600-level course requiring a requisite override:**

By signing this form, I approve of the student enrolling in this course. I also waive all required prerequisites.

Instructor Name (Print): \_\_\_\_\_ Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**6. Graduate student enrolling into a 400-level course (Policy 100332):**

By signing this form, I acknowledge that I have reviewed with the student their interest in taking the course.

The student will not exceed the 6 allowable units of 400 level coursework.

Faculty Advisor Name (Print): \_\_\_\_\_ Faculty Advisor Signature: \_\_\_\_\_

Date:

**\*Please Note:** 700 level courses are reserved for doctoral students. Undergraduate students are not eligible to enroll in 700 level courses, regardless of participation in an accelerated program.

**Registrar's Use ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_