RACKHAM GRADUATE SCHOOL
UNIVERSITY OF MICHIGAN

STUDENT SERVICES: ACADEMIC RECORDS & DISSERTATIONS
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CONCURRENT UNDERGRADUATE/GRADUATE STUDIES (CUGS) ELECTION FORM

Student Name: _____ Program Name: _____

Degree Expected: _____ Student U-M ID: _____

Date to Be Awarded: _____ (Term) _____ (Year) Minimum Hours Required: _____ Total Hours of Double-Count & Transfer: _____

Course Number, Title, Credit Hours of Double-Count *e.g., RACKHAM 998 1 HR*	Course Number, Title, Credit Hours of Course(s) to Be Transferred *e.g., RACKHAM 998 1 HR*	Course Number, Title, Credit Hours Rackham Elections Only *e.g., RACKHAM 998 1 HR*

_____ _____ Date: ____ ____ ____
Student Signature — Student Name Printed — (MM) (DD) (YY)

_____ _____ Date: ____ ____ ____
UG Advisor or UG Course Auditor Signature — UG Advisor or UG Course Auditor Name Printed — (MM) (DD) (YY)

_____ _____ Date: ____ ____ ____
Graduate Advisor Signature — Graduate Advisor Name Printed — (MM) (DD) (YY)

_____ Date: ____ ____ ____
Rackham Approval Signature — (MM) (DD) (YY)