

Office of Graduate Studies
 Paul Loser Hall 109
 609-771-2300
graduate@tcnj.edu

Request for Undergraduate Credit

TCNJ ID _____
 Name _____
 Permanent Address _____
 Campus Address _____
 Major _____ Cum GPA _____ (3.0 or higher)
 Sem Hrs completed _____ (96 or more)

I hereby request permission to enroll in the following graduate course(s) for undergraduate credit during the (circle one) spring/summer/fall semester of (circle one) 2007/2008.

Please note: Credit from this course may not be used for future graduate credit.

Course Code Authorized at Graduate Level	Course Title
_____	_____
_____	_____
_____	_____

_____ Signature of Student

I recommend approval of this request:

_____ Major Department Chairperson

_____ Offering Department Chairperson

Approved

_____ Office of Graduate Studies