

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

Request for Undergraduate Credit

ID (6-digit PAWS ID) _____
Name _____
Permanent Address _____
Campus Address _____
Major _____ Cum GPA _____ (3.0 or higher)

I hereby request permission to enroll in the following undergraduate course(s) for undergraduate credit during the (circle one) spring/summer/fall semester of (circle one) 2009/2010.

Please note: Credit from this course will not be applied toward my graduate program.

<u>Course Code</u>	<u>Course Title</u>
_____	_____
_____	_____
_____	_____

_____ Date Signature of Student

I recommend approval of this request:

_____ Date Major Department Chairperson

_____ Date Offering Department Chairperson

Approved

_____ Office of Graduate Studies