

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)
 Units completed _____ (24 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) 2009/2010.

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
 Date

I recommend approval of this request:

_____ Major Department Chairperson
 Date

_____ Offering Department Chairperson
 Date

Approved _____