



**Office of Graduate Studies
 The College Of New Jersey
 Paul Loser Hall 109
 P.O. Box 7718
 Ewing, New Jersey 08628-0718**

REQUEST FOR GRADUATE CREDIT

Name _____ ID (6-digit PAWS ID) _____

Permanent Address _____

Campus Address _____

Major _____ S.H. Completed toward degree _____ Cumulative GPA _____

I hereby request permission to enroll in the following undergraduate course/s for graduate credit during

the _____ semester, _____ .

Course No.	Course Title	Sem Hrs.
_____	_____	_____

 Date _____
 Signature of Student

I recommend the approval of this request

 Date _____
 Major Department Chairperson

 Date _____
 Offering Department Chairperson

Approved

 Date _____
 Assistant Dean, Office of Graduate Studies