



The College of New Jersey  
 Office of Records and Registration  
 P.O. Box 7718, Ewing, NJ 08625-0718  
 Phone: (609)771-2141 Fax: (609)637-5184

**Graduate Student Enrollment in an Undergraduate Course**

Last Name:  First Name:  MI:  PAWS ID:

Phone:  TCNJ E-Mail:  Major

Cumulative GPA (3.0 or higher)

I am seeking enrollment in an undergraduate course for (check one):  undergraduate credit.  
 graduate credit.

I hereby request permission to enroll in the following undergraduate course(s) for graduate credit during the (check one):

Fall  Winter  Spring  Summer I  Summer II  Summer III semester of (year)

**Please note:** Undergraduate credit may not be used to satisfy a requirement of my graduate program. I understand that I will be charged for graduate tuition for undergraduate courses.

Course Code	Course Title

\_\_\_\_\_  
 Student Signature                      Print Name                      Date

I recommend approval of this request:

\_\_\_\_\_  
 Major Department Chairperson Signature                      Print Name                      Date

\_\_\_\_\_  
 Offering Department Chairperson Signature                      Print Name                      Date

**Please submit form to the Office of Records and Registration, Green Hall 112.**