



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

**Undergraduate Student Enrollment in a Graduate Course**

Last Name:  First Name:  MI:  PAWS ID:

Phone:  TCNJ E-Mail:  Major

Cumulative GPA (3.0 or higher)  Units completed  (24 or more to apply for graduate credit)

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

I understand that, with permission, I may take two graduate courses for graduate credit as an undergraduate student (or three if I am in the Special Ed, Deaf Ed, Urban Ed, or English five year program\*) and am hereby requesting permission to enroll in the graduate course (s) for under/graduate credit during the (check one):

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

**Please note:** Graduate credit may not be used toward more than one degree. Undergraduate credit may not be used for future graduate credit.

Course Code Authorized at Graduate Level	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

\_\_\_\_\_  
 School Dean Signature\* Print Name Date

\*Dean's signature not required in cases of 5 year programs, unless the student will need approval for an overload. If receiving undergraduate credit, the Dean's signature not required.

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

Office Use Only: If request is for undergraduate credit, the student's evaluator will be notified.  \_\_\_\_\_