

The College of New Jersey
Office of Records and Registration
P.O. Box 7718, Ewing, NJ 08628-0718
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