



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

**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 ( at least 20)

**I am seeking enrollment in a graduate course for:**

**undergraduate credit**  
(1 unit UGRD).

**graduate credit** (0.75 unit  
XGC excluded UGRD/3 credits  
GRAD).

**undergraduate & graduate credit.**  
(double counting: 1.00 unit UGRD and  
3 credits transfer GRAD)

I understand that, with permission, I may take two graduate courses as an undergraduate student (or three if I am in the Special Ed, Deaf Ed, Urban Ed, or English five year program or five if I am in the Public Health 4+1 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  Summer Special Year

Course Code Authorized at Graduate Level	Course Title

Any 3-credit TCNJ graduate courses counted toward a TCNJ undergraduate degree (whether double-counting toward a graduate degree or not) will count as 1 unit of undergraduate credit. Graduate course syllabi will specify that undergraduates taking the course for undergraduate credit will satisfy their fourth hour through the high level of reading and other work expected in the course.

Any grades earned in TCNJ graduate courses that are counted toward a TCNJ undergraduate degree will only be factored into the undergraduate GPA. When these courses are double-counted toward a TCNJ graduate degree, they will be listed as "T" on the graduate transcript, and the grade will not be factored into the graduate GPA.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

I recommend approval of this request:

\_\_\_\_\_  
Undergraduate Academic Advisor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Major Department Chairperson Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Coordinator Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Dean Signature\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*Dean's signature not required in cases of 5 year or 4+1 programs, unless the student will need approval for an overload.

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

Office Use Only: Graduate Credit Only - exclude (XGC) from undergraduate record and add transcript note.  \_\_\_\_\_