



TCNJ THE COLLEGE OF
NEW JERSEY

The College of New Jersey
Office of Records and Registration
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Last Name:

First Name:

Phone:

TCNJ Email:

PAWS ID:

Program:

GRADUATE STUDENT ENROLLMENT IN AN UNDERGRADUATE COURSE

Use this form to obtain permission to enroll in an undergraduate course for graduate credit.

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

Fall

Winter

Spring

Summer I

Summer II

Summer III

of (year)

Course Number	Course Title

I understand that undergraduate credit may not be used to satisfy a requirement of my graduate program.

I understand that I will be charged graduate tuition for undergraduate courses.

Student Signature:

Date:

Home Department Signature:

Date:

Offering Department Signature:

Date: