

Office of Graduate Studies  
 Paul Loser Hall 109  
 609-771-2300  
[graduate@tcnj.edu](mailto:graduate@tcnj.edu)

Request for Undergraduate Credit

ID (6-digit PAWS ID) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 Campus Address \_\_\_\_\_  
 Major \_\_\_\_\_ Cum GPA \_\_\_\_\_ (3.0 or higher)  
 Units completed \_\_\_\_\_ (24 or more)

I hereby request permission to enroll in the following graduate course(s) for undergraduate credit during the (circle one) *spring/summer/fall* semester of (enter year) 20\_\_.

Please note: Credit from this course may not be used for future graduate credit.

Course Code Authorized at Graduate Level	Course Title
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Signature of Student  
 Date

I recommend approval of this request:  
 \_\_\_\_\_

\_\_\_\_\_ Major Department Chairperson  
 Date

\_\_\_\_\_ Offering Department Chairperson  
 Date

Approved \_\_\_\_\_  
 \_\_\_\_\_  
 Office of Graduate Studies