

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	e:	MI:	PAWS ID:	
Phone: To	CNJ E-Mail:		Major		
Cumulative GPA (3.0 or higher)	Units co	ompleted (at least	24)		
I am seeking enrollment in a graduate course for:	undergraduate credit (1 unit)	. graduate o	redit (3 credits).	undergraduate & graduate credit. (double counting)	
I understand that, with permission, I may tak or English five year program or Public Health graduate credit during the (check one):					
☐ Fall ☐ Winter ☐ Spring	g Summer I	Summer II	Summer III	Summer Special Year	
Course Code Authorized at Graduate Level		Course Title			
Any 3 credit TCNJ graduate courses count will count as 1 unit of undergraduate cred will satisfy their fourth hour through the language and any grades earned in TCNJ graduate cour GPA. When these courses are double cour will not be factored into the graduate GPA	lit. Graduate course syllab nigh level of reading and o ses that are counted towa nted toward a TCNJ gradua	i will specify that u ther work expected rd a TCNJ undergra	ndergraduates taking I in the course. Iduate degree will on	g the course for undergraduate cre	
Student Signature	Print Nam	e		Date	
I recommend approval of this request:					
Undergraduate Academic Advisor	Print Nam	e		Date	
Major Department Chairperson Signature	Print Nam	e		Date	
Graduate Program Coordinator Signature	Print Nam	e		Date	
School Dean Signature*	Print Nam	e		 Date	
*Dean's signature not required in cases of 5 year o	r 4+1 programs, unless the stu	dent will need approv	al for an overload.		
Submit form to the Office of Records and Regist Office Use Only: If request is for undergraduate cre-		l be notified. 🦳			