

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: | Firs | t Name: | MI: | PAWS ID: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|----|
| Phone: | TCNJ E-Mail: | | Major | | _ |
| Cumulative GPA (3.0 or higher) | | Inits completed (at least | 24) | | |
| I am seeking enrollment in a graduate course for: | undergraduate cred (1 unit UGRD). | JIL | credit (0.75 unit d UGRD/3 credits | undergraduate & graduate credit (double counting: 1.00 unit UGRD a 3 credits transfer GRAD) | |
| I understand that, with permission, I may or English five year program or four if I a for under/graduate credit during the (c | m in the Public Health | | | | |
| Fall Winter S | oring Summer | s I Summer II | Summer III | Summer Special Year | _ |
| Course Code Authorized at Graduate Level | | Course Title | | | |
| | | | | | _ |
| | | | | | |
| will count as 1 unit of undergraduate will satisfy their fourth hour through Any grades earned in TCNJ graduate GPA. When these courses are double will not be factored into the graduate | the high level of readin courses that are counte counted toward a TCNJ | g and other work expected ed toward a TCNJ undergra | l in the course. duate degree will or | lly be factored into the undergradu | ıa |
| Student Signature | Pi | rint Name | | Date | |
| I recommend approval of this request: | | | | | |
| Undergraduate Academic Advisor | Pı | rint Name | | Date | |
| Major Department Chairperson Signature | | rint Name | | | |
| Major Department enamperson signature | | THE NUME | | Date | |
| Graduate Program Coordinator Signature | Pı | rint Name | | Date | |
| School Dean Signature* | Pı | rint Name | | Date | |
| *Dean's signature not required in cases of 5 y | ear or 4+1 programs, unles | s the student will need approv | al for an overload. | Dute | |
| Submit form to the Office of Records and R | egistration, Green Hall 1 | 12. | | | |

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