

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

Request for Graduate Credit

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

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

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

<u>Course Code</u>	<u>Course Title</u>
_____	_____
_____	_____
_____	_____

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

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

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

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

Approved \_\_\_\_\_