

Office of Graduate Studies
 Paul Loser Hall 109
 609-771-2300
graduate@tcnj.edu

Request for Undergraduate 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 undergraduate credit during the (circle one) *spring/summer/fall* semester of (enter year) 20___.
 Please note: This course will not be used to satisfy a requirement of my graduate program. I understand that I will be charged graduate tuition for undergraduate courses.

Course Code	Course Title
_____	_____
_____	_____
_____	_____

Date Signature of Student

I recommend approval of this request:

Date Major Department Chairperson

Date Offering Department Chairperson

Approved

Office of Graduate Studies