

Student's Name

## **REQUEST TO REGISTER GRADUATE COURSES**

This part is to be completed by the undergraduate student requesting to register for graduate courses. Approval of the course(s) instructor(s) is required. The academic advisor must verify all information before signing the form.

**ID Number** 

College						Major				
Academic Advisor						Term/\	'ear			
Academic Status			Clear Probation			tical Aca	demic	Standin	g	
Cu	mulative Ave	rage	Undergraduate Registered C					redits		
Signature										
Gra	Graduate Courses to Add			Title		Sec	Crs	Instr	uctor's Name and	
	CITIV	Codisc	140.	Hitc		300		1111361	signature	
1										
2										
3										
4										
R	ecommenda	ademic Advisor	Approve	e Not Approved						
Justification										
Signature						С	ate			
Recommendation of the Department Chairperson					Approve		Not Approved			
Justification										
C				-	-4-					
5	ignature			L	ate					
R	ecommenda	an	Approve		Not Approved					
Justification										
Signature						С	ate			
Recommendation of the VP for Academic Affairs					Approve		Not Approved			

## **Related rules:**

Signature

An undergraduate student may register for a maximum of 6 credits in any of the last two semesters of undergraduate studies provided that the semester load does not exceed 15 credits and the student's CGPA is 80 if the courses are destined to count for graduate credits or 75 if the course is taken to complete undergraduate degree requirements. Graduate tuition rate shall be applied to the graduate credits.

Date

## cc: Registrar's Office