

## Request for Undergraduate Student to Register for Graduate Courses

Name: \_\_\_\_\_ Student Id Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Current Undergraduate Program (From Self-Service): \_\_\_\_\_

Current Cumulative GPA (Must Be Over A 3.0 – From My Progress In Self-Service): \_\_\_\_\_

**Graduate Course(S) Requested:** (Note, 6 graduate credits maximum in either the Fall or Spring terms.

\*Summer term graduate courses are not permitted)

☐ FALL or ☐ SPRING Term: Course Code #1: \_\_\_\_\_

What undergraduate degree requirement does this course satisfy? \_\_\_\_\_

☐ FALL or ☐ SPRING Term: Course Code #2: \_\_\_\_\_

What undergraduate degree requirement does this course satisfy? \_\_\_\_\_

**Please check if either of the following apply:**

☐ I am interested in applying to a WNE graduate program

☐ I am a pre-accepted 5-year student or have been accepted into a graduate program and am in good standing

**Check one:** I am a ☐ Senior ☐ Junior (with special permission from my Dean's Office)

**Verify** you have satisfied **ALL** of the following criteria required to take graduate courses as an undergraduate student:

☐ my schedule is composed of at LEAST 12 Fall or Spring 15-week semester credits, including no more than 6 credits of graduate credits

☐ my schedule is composed of at MOST 18 credits for the Fall or Spring semester including up to 6 graduate credits.  
**NOTE: Undergraduate students are not permitted to take Summer graduate level courses**

☐ if my schedule is composed with less than 12 undergraduate credits, my graduate course(s) will fulfill the undergraduate requirements as listed above

☐ I understand my graduate courses will be recorded on my undergraduate transcript. Upon entry into graduate program at the University, my graduate courses will transfer to my graduate record as "TR" (no GPA); the minimum grade for transferring credits to the graduate program is a B (3.0).

☐ I understand the maximum number of graduate credits is limited to a maximum of 6 per semester (or billing period) and limited to 12 overall credits during my undergraduate degree

**For the Dean's Office:**

☐ Approved ☐ Denied; reason: \_\_\_\_\_

Assistant Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Students:** Please forward to your Dean's Office

College of Arts and Sciences: [coas@wne.edu](mailto:coas@wne.edu) | College of Business: [cob@wne.edu](mailto:cob@wne.edu)

College of Engineering: [coe@wne.edu](mailto:coe@wne.edu) | College of Pharmacy and Health Sciences: [coph@wne.edu](mailto:coph@wne.edu)

**Dean's Office:** Please forward this completed form to Enrollment Services at [records@wne.edu](mailto:records@wne.edu)