

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)

COURSE CODE #1: Fall or Spring Term: _____

What undergraduate degree requirement does this course satisfy? _____

COURSE CODE #2: Fall or Spring Term: _____

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 (4+1) 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
- my requested graduate courses fulfill an undergraduate degree requirement (Major or Elective)
- 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 | College of Business: cob@wne.edu

College of Engineering: coe@wne.edu | College of Pharmacy and Health Sciences: coph@wne.edu

Dean's Office: Please forward this completed form to Enrollment Services at records@wne.edu