

# REQUEST BY UNDERGRADUATE SENIOR TO ENROLL IN GRADUATE CLASSES

Name: \_\_\_\_\_ T# \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Current GPA: \_\_\_\_\_

I request permission to enroll for the below listed graduate courses (semester & year):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Will this constitute an overload?    Yes No

CRN	Course Number	Course Title	Instructor

I will be enrolled in the following undergraduate courses while taking the above listed graduate courses:

CRN	Course Number	Course Title	Instructor

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate College Dean: \_\_\_\_\_ Date: \_\_\_\_\_