

REQUEST FOR GRADUATE CREDIT BY AN UNDERGRADUATE

I. I am a last term senior, excluding student teaching, and would like to take the following course for graduate credit. I understand that the course will in no way count toward my undergraduate grade point average or degree requirements. I also understand that the course will not count toward a graduate degree program unless I am officially admitted to that program and the graduate advisor for that program requests that the course be counted toward a graduate degree. Furthermore, I understand that the grade in the course will count as part of my graduate grade point average, whether or not the credit is applied toward a graduate degree. (See procedure on reverse).

<u>SEMESTER &amp; YEAR</u>	<u>SUBJECT</u>	<u>COURSE NUMBER</u>	<u>HOURS</u>	<u>INSTRUCTOR</u>

Name \_\_\_\_\_  
 (Last) (First) (Middle)

SIU ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

II.

\_\_\_\_\_  
 Instructor's signature  
 (Required for all courses)

\_\_\_\_\_  
 Director of Program Offering Course  
 (Required for 500-level courses)

III. The above-named student is within 12 semester hours of meeting all undergraduate requirements for graduation (except student teaching). The student is expected to graduate at the end of the \_\_\_\_\_ semester, 20 \_\_\_\_\_. Listed below are all undergraduate requirements, including incompletes not yet fulfilled, and the plan for completion of those requirements. (Indicate specific course requirements by the subject abbreviation, number, and hours or indicate categories of electives, e.g., HIST 202 – 3 hrs. 300 or 400-level – 6 hrs.)

Fall, 20 \_\_\_\_\_ Spring, 20 \_\_\_\_\_ Summer, 20 \_\_\_\_\_ INC's \_\_\_\_\_

\_\_\_\_\_  
 Undergraduate Advisor's Signature

\_\_\_\_\_  
 Unit (School or College)

IV. Approved  Disapproved

\_\_\_\_\_  
 Graduate School Signature

## REQUEST FOR GRADUATE CREDIT BY AN UNDERGRADUATE

You must:

Apply to the Graduate School for the semester following the completion of all undergraduate requirements. This may be to a program or as a Nondeclared graduate student. You must have at least a 2.7/4.00 overall grade point average on approximately the last 2 years of coursework completed. Request permission of the instructor teaching each 400 level course you wish to take. For 500- level courses, you must request permission of both the instructor of the course and the director of the program. Each must sign the appropriate line of this form if they approve.

\* \* NOTE: This procedure permits a maximum of one semester's registration for graduate credit. A student must complete their undergraduate requirements for the bachelor's degree by the end of the semester following this request for graduate credit, or permission to register for courses for graduate credit will be suspended.



### COURSE REQUEST FORM

Graduate Registration  
Student Services Building Room 325  
618-453-2969

TERM	DAWG TAG	NAME					DATE		
ADDRESS				PHONE NUMBER			EMAIL		
				DAY:					
				CELL:					
ACTION CODE	CRN	SUBJECT	COURSE	SECTION	GRADE MODE	CREDIT HOURS	LEVEL	DROP DATE MONTH DAY	COLLEGE/UNIT
									SITE
									OFFICE USE
TOTAL CREDIT HOURS						APPROVAL OF ACADEMIC DEAN REQUIRED FOR OVERLOAD, LATE ADD OF COURSE OR DROP FROM A CLASS OTHER THAN CURRENT DATE.			
					DATE	GRADUATE SCHOOL DEAN SIGNATURE		DATE	
<small>STUDENT STATEMENT: in consideration of SIUC reserving space for me in class(es) listed above &amp; subject to the enrollment conditions in the Schedule of Classes, I agree to maintain an accurate address to which a statement of my account can be mailed &amp; to make prompt payment of all currently due accounts. I understand that failure to receive a bill does not relieve me of those responsibilities. I further understand that if I do not pay tuition, fees &amp; other charges according to the payment plans described in the the Schedule of Classes, this registration may be cancelled.</small>								<small>MILITARY PROGRAMS STUDENTS: I agree to maintain an accurate address to which my statement of account will be sent and to promptly pay all charges. Failure to receive a statement does not relieve me of this responsibility.</small>	
STUDENT SIGNATURE					DATE		STUDENT NAME (PRINTED)		