

Name: _____ Title: _____

Address: _____ City: _____

Course Title (Number - Section): _____

Course Title A (Must Be Over A 3.0 – From My Progress In Self-Service): _____

Student ID () : (Note, 6 graduate credits maximum in either the Fall or Spring terms.

*Summer term graduate courses are not permitted)

Major Name : Course Code #1: _____

What undergraduate degree requirement does this course satisfy? _____

Major Name : Course Code #2: _____

What undergraduate degree requirement does this course satisfy? _____

Reason for Request:

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

Comments: I am a Senior Junior (with special permission from my Dean's Office)

Do you have satisfied **A** 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.

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

Signature:

Approved Denied; reason: _____

Assistant Dean Signature: _____ Date: _____

Title: 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

Phone: Please forward this completed form to Enrollment Services at records@wne.edu