Undergraduate students must request permission to enroll in graduate-level courses. PLEASE TYPE OR PRINT.
Submit this completed form to the Dean of Graduate Programs.

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UNDERGRADUATE STUDENT REQUEST TO ENROLL IN A GRADUATE COURSE

Graduate Programs Office
Peru State College

Student Name: ______________________________ **Student ID:** __________________________

Course Information

Call #	Course ID	Course Title	Credit Hrs	Semester	Year

Please select the appropriate choice.

_______ This course is to be used as part of my undergraduate program and undergraduate grade point average. I understand that this course cannot be used as part of a graduate program or graduate grade point average at any time in the future.

_______ This course is being used as elective credit only and will not be considered part of my undergraduate program or my undergraduate grade point average.

●●

Student Recommendation (to be filled out by student's department dean, advisor, or other faculty member who has knowledge of student's ability to successfully complete a graduate-level course)

_______ **I recommend the above-named student be allowed to enroll in the graduate course listed above.**

_______ **I do not recommend the above-named student be allowed to enroll in the graduate course listed above.**

Comments: (*Please use back of form for specific comments.***)**

____________________________________ ____________________________________

Department Dean or Faculty Member **Date**

Please consider my request to be allowed to enroll in the graduate course listed above. I understand I may be removed from the course enrollment if my enrollment prevents graduate students from enrolling in the course.

____________________________________ ____________________________________

Student Signature **Date**

Graduate Office Use Only

The above-named student is allowed to enroll in the graduate course listed above. Consideration is for the semester stated above only.

APPROVAL:

____________________________________ ____________________________________

Greg Seay, Dean of Graduate Programs **Date**

Student Enrolled in Course: ______________________ ______________________________

Date Enrolled **Graduate Office Staff Signature**

Copy to: *Student, Student's Advisor, Student Records Office, Graduate Programs Office*