Plymouth State UNIVERSITY

Undergraduate Student Request (SR)

Last Name_____ First Name_____ Student ID_____

Current Degree   BA   BS   BFA   Certificate   Catalog Year_____

Current Major(s)_____ Option(s)_____

Current Minor(s)_____ Certificate(s)_____

Are you requesting to enroll in a graduate course?   Yes *(limit of 6 credits)*   No

Students requesting to enroll in a graduate course must be a senior with a cumulative 3.0 GPA. Graduate level credits will count toward the completion of the undergraduate degree, as well as toward the graduate degree. Please note, for Financial Aid, graduate credits cannot be in excess of degree requirements. If graduate credits are in excess, you may incur additional financial responsibility.

REQUEST – Provide a brief statement defining <u>WHAT</u> is being requested:

_____

_____

If SR pertains to a particular course, provide relevant information. (If transfer credit is involved, note institution after course title.)

_____   _____   _____   _____
Course Number   Course Title/Institution   # Credits   Instructor

Term when course was or will be taken: Fall   Winterim   Spring   Summer   Year_____

_____   _____   _____   _____
Course Number   Course Title/Institution   # Credits   Instructor

Term when course was or will be taken: Fall   Winterim   Spring   Summer   Year_____

RATIONALE – Provide supporting statement explaining <u>WHY</u> request is necessary: (Attach additional sheets as needed.)

_____

_____

_____

Student Signature_____   Date_____

Attention – The signatures below are required to process this student request. The course(s) on this form may be for a major, minor, or gen ed requirement. The signatures below reflect the approval of the coordinator responsible for the program requirement(s).

_____   _____   _____
Program Coordinator/Designee Signature   Print Name   Date

_____   _____   _____
Advisor Signature   Print Last Name   Date

The signature below is only required if this is an undergraduate student requesting to take a graduate course.

_____   _____   _____
*Instructor Signature   Print Last Name   Date

Please return the completed/signed form to the registrar's office in Speare via the methods noted below.

| Processed by: _____ Date_____ | 4/2022 |