



Undergraduate Student Request (SR)

Return form to the registrar's office at psu-registrar@plymouth.edu

Last Name _____ First Name _____ Student ID _____

Current Degree: ____APB ____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 and the graduate degree, and will be graded according to the graduate scale. 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 WHAT 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 WHY 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 _____

Processed by: _____ Date _____

8/2025