



# Undergraduate Student Request (SR)

Please submit completed form to Undergraduate Studies.

PSU ID #: FIRST NAME: MI: LAST NAME:

E-MAIL: (Prefer secure e-mail -- @plymouth.edu) ADMIT YEAR: PHONE:

MAJOR / OPTION / MINOR / CERTIFICATE: Are you requesting permission to enroll in graduate course(s) ? NO YES

REQUEST -- Provide brief statement defining WHAT is being requested:

If SR pertains to particular coursework, provide relevant information. (If TR involved, note institution after course title.)

COURSE ID: COURSE TITLE / INSTITUTION: TERM / YEAR: INSTRUCTOR:

RATIONALE -- Provide supporting statement explaining WHY request is necessary: (Attach additional sheets as needed.)

STUDENT: Sign / Date (Required) Student may provide typed name as signature.

ADVISOR: Sign / Date (Strongly recommended) Advisor should provide physical signature.

ATTENTION -- For authentication purposes, student must obtain physical signatures.

INSTRUCTOR: Sign / Date CHAIR: Sign / Date CHAIR ENDORSED: NO YES

UGS COMMENTS: UGS DECISION: UGS: Sign / Date APPROVED DENIED