



**Prairie View A&M University
Graduate School
P.O. Box 519, MS 2800
Prairie View, TX 77446
(936) 261-3504**

REQUEST FOR UNDERGRADUATE TO ENROLL IN GRADUATE COURSE(S)

Name: _____ ID#: _____
Last First M.I.

Telephone: _____ E-mail: _____

Date: _____ Current Semester: _____ Major: _____

Minor: _____ Classification: _____ Cum. Average: _____ Hours Earned: _____

I request that I be permitted to enroll in the following Graduate Course(s) for: _____
Semester Year

CRN No.	Course Prefix, No. & Section	Course Title	Time	Professor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additionally, I am enrolling in _____ hours of undergraduate course work. After this enrollment period, I will need _____ hours to complete my undergraduate degree requirements.

The Graduate course (s) listed above are to be used: (Student must sign on the appropriate line)

Toward Graduate Credit _____
Graduate student's signature only

**Toward Undergraduate Credit as a Degree Requirement undergraduate signature: _____

** If course will be used as a substitute for an undergraduate degree requirement, the degree substitution form(s) must accompany this form in triplicate.

Recommended and Approved By:

 Advisor

 Date

 Department Head

 Date

 Dean of College

 Date

 Dean of Graduate School

 Date

