



**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 \_\_\_\_\_

Toward Undergraduate Credit as a Degree Requirement \_\_\_\_\_

\*\* 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

PRAIRIE VIEW A&M UNIVERSITY  
OFFICE OF THE REGISTRAR

# SUBSTITUTION/TARGET ELECTIVE FORM

Student Name: \_\_\_\_\_, \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**Only fill in action being taken:**

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

I hereby request permission for one of the following actions:

## SUBSTITUTION

	Course No.	Descriptive Title	Credit Hours	Reason (choose from list below)	For Office Use Only Requirement Pointer
Required Course					for use with 2 for 1 substitutions
Substitution Course					
Substitution Course					

**Codes to be used for reason above:**

AC	More advanced course	DH	Degree Hours
CC	Course Cancelled	EP	Exempted Pseudo Course
CD	Course Discontinued	NE	No Equivalent for A Transfer Course
CH	Core Hours	NO	Course Not Offered
CP	Completed Pseudo Courses	SC	Similar Course Content
Other (Provide justification)			

**TARGET COURSES** (to be used to meet elective, targeted elective, technical or other requirements when a substitution is not applicable):

Course No.	Descriptive Title	Credit Hours	Catalog Requirement (i.e. core, major, college, minor)	For Office Use Only Requirement Pointer
			Major Technical Elective	

Justification: \_\_\_\_\_

Student  
Signature: \_\_\_\_\_

Advisor  
Signature: \_\_\_\_\_

## APPROVALS:

**Dept. Head:** \_\_\_\_\_  
Print Name Signature Date

**\*Dean:** \_\_\_\_\_  
Print Name Signature Date

(Actions for the minor require approvals from both the major and minor department heads.)

**Dept. Head:** \_\_\_\_\_  
Print Name Signature Date

\*The Dean has the authority to be the sole approval for processing this form when the student and Department Head are not available.

## REGISTRAR'S OFFICE USE ONLY:

**Recorder:** \_\_\_\_\_  
Signature

\_\_\_\_\_ Date