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
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