



**PETITION FOR APPROVAL TO TAKE COURSES
FOR GRADUATE CREDIT AS AN UNDERGRADUATE**

*Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530*

Student Name: _____ **Student I.D. :** _____

Current Address: _____ **Current Phone:** _____

SC Email _____ **Campus Box #:** _____

Major/Program of Study: _____ **Advisor:** _____

Semester/Year Matriculated: _____ **Expected Date of Graduation:** _____

***My undergraduate cumulative academic index at the start of this semester is** _____

(Note: Undergraduate cumulative grade point average must be 3.00 or better.)

I hereby petition for approval to take the following course(s) for graduate credit prior to the receipt of my bachelors degree:

<u>Course Number</u>	<u>Course Title</u>	<u>S.H.</u>	<u>Semester</u>	<u>Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Check One:

_____ I have no more than 15 semester hours of undergraduate requirements to be met in order to complete my requirements for the Bachelors degree.

_____ I have no more than 15 semester hours of required undergraduate work remaining in addition to full-time off-campus fieldwork which will be done in the following semester.

Recommendation:

Major Advisor _____ Date

Program Director/Dept. Chair _____ Date

Instructor(s) _____ Date

Approval:

School Dean _____ Date

This policy excludes academic programs whose curriculum design combine undergraduate and graduate requirements.