



Registrar's Office
800 Wheatley Street, Americus, GA 31709-4379

**Request for Undergraduate Enrollment
In Graduate Courses**

Student's Name

Student Id/SSN

Address

Semester in which undergraduate degree requirements will be completed?

Graduate course(s) to be completed while enrolled as an undergraduate:

CRN	COURSE TITLE	SEMESTER OF ENROLLMENT

(Date)

(Student Signature)

GPA Verified _____

Approved:

(Registrar Signature)

(Division or Department Chair of above listed graduate courses)

If you are receiving Financial Aid, the Signature of the Director of Financial Aid is required.

(Vice President, Academic Affairs)

(Director of Financial Aid Signature)

(Graduate Studies Office)