

The University of North Carolina at Pembroke
School of Graduate Studies
Post Office Box 1510
Pembroke, NC 28372
(910) 521-6271

Request for a Graduate Student to Enroll in a Undergraduate Course Form

PLEASE PRINT

Name: _____ Date: _____

Address: _____ Banner ID: _____

City: _____ State: _____ Zip: _____

Phone Number(s): Work: _____ Home: _____ Cell: _____

Graduate Program: _____

Number of semester hours completed: _____ Cumulative GPA: _____

Number of semester hours needed to complete your graduate program: _____

Undergraduate course(s) in which you wish to enroll: _____

Term in which you wish to enroll in a undergraduate course(s): _____

Explain your reason(s) for requesting to enroll in an undergraduate course: _____

Graduate Advisor

_____ Approved _____ Denied _____

Print Name Signature Date

Graduate Program Director (if different from Graduate Advisor)

_____ Approved _____ Denied _____

Print Name Signature Date

Undergraduate Course Instructor

_____ Approved _____ Denied _____

Print Name Signature Date

Undergraduate Department Chair

_____ Approved _____ Denied _____

Print Name Signature Date

Once the above required signatures are obtained, return the completed form to the School of Graduate Studies, Lindsey Administration building, Room 124

_____ Approved _____ Denied _____

Dean, School of Graduate Studies Date