

## **Undergraduate Request for Graduate Study**

This is to certify that the below student is scholastically eligible (i.e. GPA of 2.75 or higher) for admission to Graduate Standing and is within **30 credits** of completing the requirements for a bachelor's degree. **Permission requests to register for graduate classes must be submitted NO LATER than the first week of the semester of the requested term.** 

Name: Student's Overall GPA:			NSH	NSHE #: Graduating Semester & Year	
			Grad		
Graduate course	es to be tak	en during graduating s	emester (May not exceed 1	2 credits):	
Subject/Number (ex. ACC 701)	Class Section	Class Title		Semester and Year  X of Credits    (ex. Fall 2025)	
Signatures of ap	proval		de	C JU	
not graduate i undergraduate d	n the same credit if it is a	semester or the imme vailable, or be lost in it is	data following semester in	ply toward my baccalaureate degree, and that if I n which I take courses, the courses will revert at federal financial aid will not cover the cost of the als."	to
Student's Signature			Name	Date	
Undergraduate Advisor's Signature			Name	Date	
Graduate Program Director's Signature			Name	Date	
Graduate School Dean's Signature			Name	Date	

## For office use only

Evaluator comments: