St. John's College of Liberal Arts & Sciences

Permission: Undergraduate SJC student to take Graduate Courses

Name:_____ X ID:_____ Major:_____

Please check one of the following as your reason for taking a graduate course(s):

___ As part of the St. John's College Combined Degree or Pathway program in which I am enrolled.

___ For undergraduate credit only. I understand these courses would not be applicable to a SJU graduate program.

IMPORTANT:

- The undergraduate Pass/Fail Option is not an option for graduate courses.
- A maximum of two graduate courses may be taken by undergraduates per semester.
- A maximum of 18 credits (graduate and undergraduate combined) may be taken by undergraduates per semester.

If approved to take the graduate course(s) listed below, the Dean's Office will register you. However, you must indicate which course(s), if any, should be dropped from your schedule as a result. If none, write "None". Keep in mind, the graduate course(s) must fit into your upcoming schedule seamlessly. A time conflict of any kind will prevent registration.

Undergraduate Course and Number	5-digit CRN	Undergraduate Course and Number	5-digit CRN

Your signature indicates that you are aware of and agree to the conditions of the combined degree programs (if enrolled) and understand how this graduate credit is to be applied towards your undergraduate and graduate degree (if applicable).

Student's Signature _____ Date _____ Email Address _____

TO BE COMPLETED BY: CHAIRPERSON OR GRADUATE PROGRAM DIRECTOR

Graduate course(s) that this student is qualified to take this coming semester:

Graduate Course and Number	Courses Title	5-digit CRN	Credits	Undergrad Req satisfied by this course

Chairperson or Graduate Director's Signature _____ Date _____

TO BE COMPLETED BY: DEAN'S OFFICE

Major:_____ Major GPA:_____ Major Credits:_____ Total GPA:_____ Total Credits:_____ As of: _____

Number of graduate credits that will have been earned prior to the start of the above courses (include in-progress): _____

Undergraduate Dean's Signature _____ Date _____

Graduate Dean's Signature _____ Date _____

SJC DEAN'S OFFICE COPY