



## ENROLLMENT IN 500 LEVEL COURSES BY UNDERGRADUATES

\_\_\_\_\_  
First Middle Last Student ID Number

\_\_\_\_\_  
NEW Permanent Address Street CCSU Email Address

\_\_\_\_\_  
City State Zip Code Phone Number

Check One: BA \_\_\_ BS \_\_\_ BSED \_\_\_ BSN \_\_\_ BFA \_\_\_  
Check One: Full Time \_\_\_ Part Time \_\_\_

Undergraduate students who have a cumulative average of 3.00 or above and who completed more than 90 semester hours of coursework may request permission to enroll in a 500 level course, for which they have met all course pre-requisites. Undergraduate students must complete this form. The signatures must be obtained from: (1) Student's Advisor, (2) The Class Instructor, (3) The Department Chair offering the course and (4) Dean of Graduate Studies.

I wish to enroll in the following 500 level course \_\_\_\_\_ during the \_\_\_\_\_ semester.

\_\_\_\_\_  
Course Number Course Title Credits

Justification for enrolling in this Course \_\_\_\_\_

**Check one:**

- \_\_\_\_\_ I request that the credits be counted toward my undergraduate degree requirements. (Appropriate substitution required). See Degree Auditor in the Registrar's Office regarding any questions.
- \_\_\_\_\_ I request that credits NOT be counted towards my undergraduate degree. See the Graduate Advisor for approval if you want to use them later towards the graduate program.

\_\_\_\_\_  
Advisor Approve Disapprove Date

\_\_\_\_\_  
Instructor Approve Disapprove Date

\_\_\_\_\_  
Chair of the Department offering course Approve Disapprove Date

\_\_\_\_\_  
Dean of Graduate Studies Approve Disapprove Date

**Please complete this form and return to the Office of the Registrar for processing.  
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050  
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu**