

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

***Graduate Program Director (if different from Graduate Advisor)***

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Print Name

Signature

***Undergraduate Course Instructor***

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Print Name

Signature

***Undergraduate Department Chair***

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Print Name

Signature

\*\*\*\*\*

**Once the above required signatures are obtained, return the completed form to the School of Graduate Studies, Lumbee Hall, Room 253.**

\*\*\*\*\*

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

*Dean, School of Graduate Studies*