

Please note: This request *must* be submitted *prior to* the start of the requested class semester

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
Last First M.I.

CURRENT ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

OVERALL UGPA: \_\_\_\_\_

UGPA IN MAJOR: \_\_\_\_\_

JUNIOR

SENIOR

ENROLLMENT REQUESTED FOR: YEAR \_\_\_\_\_  FALL  SPRING  1<sup>ST</sup> SUMMER SESSION  2<sup>ND</sup> SUMMER SESSION

COURSE NUMBER: \_\_\_\_\_

SECTION: \_\_\_\_\_

CREDIT HR: \_\_\_\_\_

GRADE TYPE: \_\_\_\_\_

REASON FOR REQUEST (PLEASE STATE CLEARLY):

I understand that this course credit *cannot* be applied to any future graduate program:

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_  
Student

\_\_\_\_\_ DEPT.: \_\_\_\_\_ DATE: \_\_\_\_\_  
Course Instructor

\_\_\_\_\_ DEPT.: \_\_\_\_\_ DATE: \_\_\_\_\_  
Undergraduate Dean

Return the completed form to The Graduate School, Room 202, The Gillis Building, University of Kentucky, Lexington, KY 40506-0033

APPROVED:  YES  NO \_\_\_\_\_ DATE: \_\_\_\_\_  
Senior Associate Dean

ENTERED: \_\_\_\_\_ NOTIFIED: \_\_\_\_\_