University of Kentucky
The Graduate School

UNDERGRADUATE ENROLLMENT IN A GRADUATE-LEVEL COURSE

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   **SUMMER**

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

SUBMISSION: Please email to GSAdmissions@uky.edu

APPROVED: ☐ YES   ☐ NO   _____   DATE: _____
                              Senior Associate Dean

ENTERED: _____   NOTIFIED: _____

11/07