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 Advisor

SUBMISSION: Please email to GSAdmissions@uky.edu

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

ENTERED: _____ **NOTIFIED**: _____

11/07

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