

College of Science &
Engineering Technology
Graduate Program

GRADUATE CREDIT FORM

Date _____

Sam ID _____

Last Name _____ First Name _____ Middle Initial _____

Undergraduate course(s) to be given credit (Please include CRN)

Course(s) completed in: _____
Semester Year

Graduate Advisor

Coordinator

Departmental Chair

Dean, College of Science & Engineering Technology

Office Use Only

Date forwarded to Registrar by Dean's Office: _____

Does faculty member teaching the course have graduate faculty status?

Yes _____ No _____

Does the syllabus document specific requirements to support the course
being taken for graduate credit?

Yes _____ No _____

**NOTE: This form must be filled out before the 12th class day during a long semester
or the 4th class day during a summer session in order to receive graduate credit for
an undergraduate course.