

College of Sciences  
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 Sciences

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 calss day during a summer session in order to receive graduate credit for  
an undergraduate course.