

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 submitted by no later than 5:00 PM on May 5, 2020 for  
the Summer 2020 term. NO EXCEPTIONS will be made.**