



College of Graduate and Professional Studies
Indiana State University
Terre Haute, Indiana

UNDERGRADUATE REQUEST FOR GRADUATE COURSE

Name _____ Student ID# _____

Last First

Local Address _____

City State Zip Code

Semester in which you wish to take graduate course(s)

Course# CRN Hours

Total undergraduate hours to be taken that semester _____

Undergraduate hours completed to date _____

Hours needed to complete ISU undergraduate degree _____

ISU undergraduate degree completion expected
_____ (Month) _____ (Year)

Undergraduate hours in which you are currently enrolled _____

Current Undergraduate Index _____ Undergraduate Major _____

Undergraduate Advisor _____

Student Signature _____ Date _____

Graduate Program Representative _____

ACTION TAKEN BY COLLEGE OF GRADUATE AND PROFESSIONAL STUDIES

ISU Transcript Shows Undergraduate Index of _____ On: _____ Hours

Approved Denied Approved Conditionally

(Conditions)

College of Graduate and Professional Studies _____

Mail or hand deliver this form along with your scheduling form to:

College of Graduate & Professional Studies, 217 N 6th St, 240 Gillum Grad C, Terre Haute, IN 47809