Registrar's Office
C.B. Hedgcock, Room 2202
1401 Presque Isle Avenue
Marquette, Michigan 49855
(906) 227-2278
(906) 227-2231 Fax
Email: skedule@nmu.edu

REQUEST FOR APPROVAL TO REGISTER AS A GRADUATE STUDENT FOR UNDERGRADUATE CREDIT

Date: _____ NMU IN: _____

STUDENT NAME: _____
Last First MI Maiden

ADDRESS: _____
Street City State Zip Code

CURRICULUM:

_____ _____
Number Curriculum Number Curriculum

COURSE ID NUMBER	COURSE TITLE	NO. CREDITS	SEMESTER AND YEAR

If approved, undergraduate tuition will be charged for the course(s) above.

I understand that in requesting these courses for undergraduate credit that, if approved, they can never be converted to graduate credit, transferred as graduate credits, or applied to a graduate degree, continuing certification, or post-baccalaureate endorsement program.

_____ _____
STUDENT SIGNATURE DATE

☐ APPROVED ☐ DISAPPROVED

_____ _____
GRADUATE STUDIES OFFICE DATE

COPY DISTRIBUTION: GRADUATE STUDIES OFFICE
REGISTRATION AND SCHEDULING
STUDENT
ADVISOR