

REQUEST FOR UNDERGRADUATE/GRADUATE STATUS

A. APPLICANT INFORMATION *(To be completed by the student)*

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Student ID: _____ **Graduate Program:** _____

Proposed Undergraduate/Graduate Status Semester: _____

Courses to be taken to complete bachelor's degree requirements:

Course Number	Course Title	Semester Hours

Courses to be taken for credit toward the graduate degree:

Course Number	Course Title	Semester Hours

Applicant's Signature: _____ **Date:** _____

B. UNDERGRADUATE STATUS *(To be verified by the Office of the Registrar-Degree Clearance or the Office of the Dean of Undergraduate Studies)*

This is to verify and confirm that:

- (1) The student is within 6 credits of completing his/her undergraduate program, and
- (2) upon successful completion of the above courses, the student will meet the requirements for award of the bachelor's degree.

Comments: _____

Signature: _____ **Date:** _____

C. ACTION *(To be completed by the Office of Graduate Admissions)*

The request for undergraduate/graduate status is: Approved Denied

Comments: _____

Signature: _____ **Date:** _____