

SENIOR FOR GRADUATE CREDIT APPLICATION

For limited status for graduate course registration in a non-degree status
\$10 application fee required (non-refundable)

(select appropriate term) Fall Spring Summer 20__ *only*

- Eligibility: Undergraduate status within six (6) credits of completing all requirements for the bachelor's degree and an overall g.p.a. of at least 2.5.
- This privilege is generally granted for one term only and students are limited to a maximum of two graduate courses in Senior for Graduate Credit status.
- Approval for Senior for Graduate Credit does not constitute admission to a graduate degree program. Any graduate courses taken create a graduate record. Courses taken as Senior for Graduate Credit do not fulfill any undergraduate requirements.
- Any request for waiver of eligibility requirements must be accompanied by an explanation and supporting statement from the Assistant Dean of the student's undergraduate college.
- To ensure processing, this application should be filed with the Graduate College at least three weeks prior to registration. By submitting this application, you certify that you understand the Senior for Graduate Credit regulations as outlined on this form and in the catalog.

<i>Last Name</i>	<i>First Name</i>	<i>OHIO PID#</i>	
<i>Undergraduate College</i>	<i>Degree expected</i>	<i>Credits required for degree</i>	<i>Term expected</i>

Undergraduate credits completed to date _____	Undergrad credit hrs. for proposed Sr. Grad Credit Term _____
Undergraduate GPA to date _____	Total credit hours required to complete Bachelor's Degree during Sr. Grad Credit term _____

Courses remaining for completion of your Bachelor's Degree (attach second sheet if required):

Dept.	Course #	Title	Cr. Hrs.	Instructor <i>if known</i>	Term/Yr.

Planned graduate courses for this term:

Dept.	Course #	Title	Cr. Hrs.	Instructor <i>if known</i>

This certifies that the above statements are correct:

_____ Dean or Assistant Dean, undergraduate college	_____ College	_____ Date
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Approved for graduate study as a senior in Dept./School:

_____ Graduate Chairperson	_____ Department/School	_____ Date
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Director, Graduate Student Services Date

Graduate College: Program/Plan Stack Added
 Registrar's Office: Term Activation / Billing Term Set

Form return options | Attachment with Email: gcadm@ohio.edu | Fax (740) 593-4625 | Via post to:
Graduate College | Research & Technology Center 220 | Ohio University | Athens, OH 45701-2979 USA