



Office of the Registrar
Request to Take Graduate Courses
Undergraduate Students

CWID: _____
Last Name First Name MI

Student Type: Cadet/Day College Transfer Program

Undergraduate Major: _____ Anticipated Graduation Date: _____

Have been accepted into an accelerated master's program at The Citadel?

If yes,

What program: _____

Term of Admission: _____

Graduate Course Request: Term/Year: _____

Subject

Section

Reason for Request:

Student Signature

Date

Advisor Signature

Date

Department Head Signature

Date

Associate Provost Signature

Date

Office Use Only:

Recorded to Banner:

Initials

Date