Petition to Reserve/Register for Credits

This petition is used to reserve and register for the course (if approved) and <u>must be completed before the last</u> day to add classes. Once the petition is filed with the Registrar's Office, it cannot be modified.

> **Criteria for Approval:**
>
> **Senior** or **post-baccalaureate** (min. of 90 semester credits) <u>and</u> **3.25** (min.) **cumulative GPA or Foreign Exchange Student** with approval from all below.

This petition is for an undergraduate student to: (check one)

☐ Register for and reserve undergraduate **or** graduate credits for possible application to a **graduate** degree.

☐ Register for a graduate course for use toward an **undergraduate** degree.

☐ Register, while a **graduate** student, for use toward an **undergraduate** degree.

☐ Register for a graduate class as a **foreign exchange student** with **no intent to use** the credit towards a MSU degree.

➢ The course(s) will be taken ☐ Fall 20_____ ; ☐ Spring 20_____ ; ☐ Summer 20_____ .

➢ **Total** credit load for **this** semester, including credits listed below: _____ .

➢ GPA for the last three consecutive semesters (most **recent** first):_____ ; _____ ; _____

➢ Current cumulative GPA: _____ .

➢ Number of credits **previously** reserved for application to a **graduate** program (Maximum 9 B or better): _____ .

➢ Is this an Extended University course?   ☐ No ☐ Yes

CRN	Subject Abbr.	Course #	Sect	Course Title	Instructor's Signature	Credits

By signing below, the student acknowledges and understands that:

1. Credits reserved for future application to a **graduate** degree may affect their **current** financial aid eligibility. (Contact the Office of Financial Aid for verification.)

2. Not all courses can be used towards a graduate degree (see Graduate Policy pages 5.1.2)

3. **Total** credits reserved toward a undergraduate or graduate degree, including credits listed above, may **not exceed 9, and must be a grade of B or better**.

_____
Student's Printed Name   Date

_____
Student's Signature   Date

_____
Student's ID #

_____
Student's Curriculum/Department

Final Signature:

_____
The Graduate School   Date

_____
Student's Department Head- **Signature**   Date

_____
Student's Department Head – **Printed Name**

_____
Student's Advisor – **Signature**   Date

_____
Student Advisor – **Printed Name**

_____
Head of Department Offering Course – **Signature**   Date

_____
Head of Department Offering Course – **Printed Name**   Date

Name:

Copies to: Student, department offering course, student's department, student's advisor, The Graduate School   (Revised 07/16)