



Office of the Registrar  
**Request to Take Graduate Courses**  
*Undergraduate Students*  
**Academic Junior and Senior only**

CWID: \_\_\_\_\_  
Last Name First Name MI

Student Type: Cadet/Day College Transfer Program Email: \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Have been accepted into an accelerated master's program at The Citadel? Yes No

If yes,  
What program: \_\_\_\_\_

Term of Admission: \_\_\_\_\_

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Graduate Course Request: Term/Year: \_\_\_\_\_

Subject	Course Number	Section	CRN
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_  
Department Head Signature (of Student's Major) Date

\_\_\_\_\_  
Associate Provost Signature Date

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**Office Use Only:**

Recorded to Banner: \_\_\_\_\_  
Initials Date