College of Engineering
Petition to Receive Undergraduate Credit for Graduate-Level Course

Student Instructions: Collect all signatures and, if approved, return to your academic advisor to schedule course.

STUDENT INFORMATION

Name

Last   First   Middle

Student ID Number ___________________________ OSU E-Mail ___________________________

Intended Degree: __________________________ GPA _________ Hours : _____ Honors Status: ☐ Y  ☐ N*

If N, need letter of support from faculty advisor to petition

COURSE INFORMATION

Academic Term: _________________ Department & Course Number: __________________________________________

Credit Hour(s): __________________ Class Registration Number: __________________________________________

Reason for taking course

I understand that I will NOT now be able to receive graduate credit for this course and that I will NOT be able to change the course to graduate credit status at any time in the future.

________________________________      _______________________
Student Signature      Date

APPROVAL – ALL SIGNATURES REQUIRED

INSTRUCTOR OF COURSE: Sign below if Student has permission to enroll in course listed above.

________________________________      _______________________
Instructor Signature     Date     OSU Email

DEGREE PROGRAM (Undergrad Academic Advisor & Grad Studies Chair): Provide approval below.

☐ Student meets the established criteria (has Honors status) and the undergraduate credit the student will earn will fulfill the degree requirement: ___________________________________________________________ (e.g. technical electives, major core).

☐ Student meets the established criteria (has Honors status) but the undergraduate credit the student will earn will NOT fulfill a degree requirement.

☐ Student does NOT meet the established criteria (does not have Honors status) but is requesting the Graduate School consider an exception and has a letter of support from his/her faculty advisor (attached).

________________________________      _______________________
Advisor Signature     Date     OSU Email

________________________________      _______________________
Graduate Studies Chair     Date     OSU Email

GRADUATE SCHOOL: Sign below if Student has permission to enroll in course listed above.

________________________________      _______________________
Graduate School Representative (247 University Hall)     Date     OSU Email

REVISED 2/10/2015