

Graduate Course Request Form

Name: _____
Last First Middle Initial

RUID: _____ Official Rutgers Email ONLY: _____

Declared Graduation Date (month/ year): _____ Cumulative GPA: _____

Are you a member of the School of Arts and Sciences Honors Program? Yes No

Are you a member of the Honors College? Yes No

Semester and Year: _____

School #	Subject #	Course #	Section #	Index #	Credits	Title

Reasons for seeking to take the course/s:

Please obtain signatures in the following order:

- Instructor of Rutgers Graduate Course:
 _____ Recommend approval
 (the student has shown that he/she has successfully completed prerequisites)
 _____ Do not recommend approval

Name Signature Date

- Director of Rutgers Graduate Program offering the course:
 _____ Recommend approval
 _____ Not approved

Name Signature Date

If a Special Permission number is needed, please be sure to obtain it from the department of program offering the course.

Special Permission # _____

If you have any difficulty registering with the Special Permission number, go to any SAS Advising Center for assistant.

Please return this form to any SAS Advising Center in person (see <http://www.sas.rutgers.edu/cms/oas/advising/advising-centers>) or by mail, fax, or email using the information at the top of the page.