Graduate Course Request

Name: 

Last   First   Middle Initial

RUID: ___________________   Official Rutgers Email ONLY: ___________________

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

Semester and Year: ____________________________

<table>
<thead>
<tr>
<th>School #</th>
<th>Subject #</th>
<th>Course #</th>
<th>Section #</th>
<th>Index #</th>
<th>Credits</th>
<th>Title</th>
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</thead>
</table>

Special reasons for seeking to take this course:

Please obtain signatures in the following order:

1) Graduate instructor or director of the graduate program offering the course:

   _____ Recommend approval
   (the student has shown that he/she has successfully completed prerequisites)

   _____ Do not recommend approval

   ___________________________   __________________
   Signature                  Date

2) Administrator of graduate school offering the course:

   _____ Approved   Permission number: __________________________

   _____ Not approved

   ___________________________   __________________
   Signature                  Date

Please return this form to any SAS Advising Center in person (see sasundergrad.rutgers.edu/advising-centers) or by mail, fax, or email using the information at the top of the page.

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