

Graduate Course Request

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? _____

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:

1) 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

2) Director of Rutgers graduate program offering the course:

_____ Approved

_____ Not approved

Name Signature Date

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

Special Permission # _____

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

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