



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

GRADUATE COURSE CREDIT FOR SENIORS

THE REGISTRAR'S OFFICE

FOR OFFICE USE ONLY

PLACE DATE STAMP HERE

STUDENT ID: _____ PHONE NUMBER: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

As an undergraduate, you may enroll in only two courses for graduate credit. This coursework will not be used for completion of your undergraduate degree. You must obtain the signature of the appropriate Program Coordinator of the Graduate Program you wish to enter. File this form in the final semester of your senior year, after receiving your Degree Check. **This petition will be processed after the Bachelor's Degree has been granted.** Please consult the current CSUDH catalog.

1. My expected graduation date is: _____
Date

2. Current Graduation Status. Applied Pending In Progress

3. I request graduate credit for the following courses:

TERM	CRN	DEPARTMENT	COURSE NUMBER	SECTION	UNITS

4. I plan to use these courses for a Master's degree in _____
Major

5. Approved by: _____
Program Coordinator Program Coordinator Signature Date

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Graduate credit will be approved only if all of the following have been met.

	SATISFIED	NOT SATISFIED
1. Course work was completed in the final year.	<input type="checkbox"/>	<input type="checkbox"/>
2. Course work was not required in any way for the Bachelor's Degree.	<input type="checkbox"/>	<input type="checkbox"/>
3. Course work must be 300, 400, or 500 level.	<input type="checkbox"/>	<input type="checkbox"/>
4. Coursework must not be more than two courses.	<input type="checkbox"/>	<input type="checkbox"/>
5. Must have approval from Program Coordinator of the appropriate graduate department.	<input type="checkbox"/>	<input type="checkbox"/>

Graduate credit has been granted for the following:

TERM	CRN	DEPARTMENT	COURSE NUMBER	SECTION	UNITS

Remarks: _____

Evaluator: _____ Date: _____