



**Permission for Undergraduate Students (not Accelerated or Combined students)
 to Enroll in Graduate Course**

| | | |
|-------|----------------------|--|
| Name: | SBU ID Number - - | Current Phone number with area code () - |
|-------|----------------------|--|

If you have been accepted into a Master's program and take more than six graduate credits while you are an Undergraduate, only six graduate credits will count towards your graduate degree. There are no exceptions to this policy.

If you are in an Accelerated or Combined Bachelor's/Master's program this is not the correct form. You must use the Permission for Undergraduate Students in an Accelerated Degree Program to Enroll in Graduate Courses form for those requests.

| Course Information | | | | |
|---|------|------------------------|--------|----------|
| (circle one) | Fall | Spring | Summer | 20 _____ |
| Course 1 | | | | |
| 5 Digit Code, Dept & # (12345, PHY 500) | | Course Title | | |
| Credits | | Instructor's Signature | | |
| Course 2 | | | | |
| 5 Digit Code, Dept & # (12345, PHY 500) | | Course Title | | |
| Credits | | Instructor's Signature | | |

Check one from below:

- I have been accepted for graduate study at Stony Brook for the _____ semester of 20 _____. I understand that up to 6 graduate credits may be applied to my graduate degree and that these credits will not be counted towards my undergraduate degree. I further understand that all graduate courses taken at Stony Brook will be used in the calculation of my graduate grade point average. **(A copy of the admission letter must be attached to this request for it to be processed.)**
- I am **not** enrolled in an accelerated degree program nor have I been accepted for graduate study at Stony Brook. I understand that graduate credits taken prior to earning my bachelor's degree **may not be applied toward a graduate degree at Stony Brook**. I understand that a maximum of **six graduate credits may be applied toward my undergraduate degree**.

Signature of Student _____ Date: _____

Graduate Program Director's Signature: _____ Date: _____

For Graduate School & School of Professional Development Use Only:

- Denied & Reason: _____ Date: _____
- Approved: _____ Date: _____

After approval, bring or email completed form to the Registrar's Office for final processing.

Graduate School: 2401 Computer Science Bldg.
 School of Professional Development: 2321 Computer Science Bldg.

It is the policy of the Graduate School & School of Professional Development to abide by University, Federal, and state laws. For more information on our policies, visit the Graduate Bulletin.