

**School of Professional Development
Stony Brook University
Stony Brook, NY 11794-4433**

**Permission for Undergraduate Students to
Enroll in Graduate Courses**

*(Not for students in an Accelerated Bachelor's/Masters program
or a combined degree program)*

Name: (Current Name on SB Records)	SOLAR I.D. No. (not S.S. #)	Current Phone number with area code
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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 a Combined or Accelerated 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	
(select one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> 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:

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 or a combined 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: _____

**Bring completed form to the School of Professional Development (2321 Computer Science Bldg.) for approval.
Once the form has been approved, the student must take it to the Registrar's office for processing.**

<input type="checkbox"/> SPD Disapproved <input type="checkbox"/> SPD Approved _____ School of Professional Development	Date Received Date: _____
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