Undergraduate Enrollment in Accelerated Program

Name _____ 9-digit ID _____ Net ID _____
  Last   First   Middle

Semester requesting enrollment: Spring 20____   Summer 20____   Fall 20____

Deadline: This form must be fully signed and submitted to the Graduate School via the email at the bottom of this form **before the first day of classes**.

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Enrollment requested for the following graduate course(s):

Course Prefix & Number	CRN Code	Section	Course Title	Course Instructor's Signature
Graduate				
Corresponding Undergraduate				
Graduate				
Corresponding Undergraduate				
Graduate				
Corresponding Undergraduate				

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For O.G.S. Use Only.

Undergraduate Major _____ Graduate Major _____

Cumulative GPA, _____ Hours completed towards bachelor's degree, _____ Hours currently enrolled, _____
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Typed / Printed Name   Approval Signatures

_____   _____ _____
Student   Date

_____   _____ _____
Undergraduate Coordinator/Advisor   Date

_____   _____ _____
Graduate Coordinator   Date

_____   _____ _____
Department Head   Date

_____   _____ _____
College Dean   Date

— The student will be informed by email when the form has been approved and he/she may register for the graduate course(s).
— The form will be forwarded to the Registrar for award of undergraduate credit upon successful completion of the graduate course(s).

*Submit completed form to gradregistration@grad.msstate.edu   Revised January 2020