

Request for an Undergraduate Student to Enroll in Graduate Course

Student Information (Please Print)	
Student Name	Student Number V00
Student Signature	Date
Program	Email

Course Requested (Please Print)			
Course Number ECE _____	Course Title		
Area of Specialization	CRN	Term	Unit Value

Rationale for Request (How will this support your program?)
For Undergraduate Academic Advisor to Complete GPA on Last 15 Units

Undergraduate Academic Advisor Name (Print)	Signature	Date
Course Instructor Name (Print)	Signature	Date
Undergraduate Program Director Name (Print)	Signature	Date

Please submit completed form to the Department of Electrical and Computer Engineering to obtain the Graduate Advisor's signature and for submission to the Faculty of Graduate Studies for further processing.		
Graduate Advisor Name (Print)	Signature	Date