

Senior Privilege Registration Request Form

(Taking a Graduate-level Course While in an Undergraduate Program)

"Senior Privilege" is a unique opportunity available to matriculated undergraduate Rowan students that enables them to register for up to eight (8) credits* of Rowan graduate coursework while matriculated in a Rowan undergraduate program. Students will be charged the undergraduate tuition rates** (as opposed to the graduate rate) for courses taken under this policy. Undergraduate students enrolled in graduate coursework under the Senior Privilege policy are expected to meet all the same course requirements and standards required for graduate students. Undergraduate students with "senior" standing at Rowan University requesting graduate registration under the Senior Privilege policy must meet all of the eligibility requirements and submit this signed form to the Rowan University Office of the Registrar within proper deadlines. (Undergraduate students who register for graduate-level courses outside of the Senior Privilege process and/or without permission from Rowan University Office of the Registrar will have their registrations dropped.) After successful completion of senior privilege courses, students who officially matriculate to a Rowan University graduate program will have those credits transferred to their graduate transcript.

* Up to 4 credits of graduate coursework may be taken per semester for a total of 8 graduate credits.

** Senior Privilege does not apply to Rowan post-baccalaureate students, who are charged at the course level for any registration.

Rowan University practices selective admissions and therefore, success in graduate courses through Senior Privilege does not guarantee admission into an academic program at Rowan.

	Please complete this form in its entirety an	d submit it to <u>re</u>	gistrar-transfercredits@rowan.edu.
Last	First	MI	Rowan ID Number
Email:			Phone:
I AM REQUESTING PERMISSION TO ENROLL IN THE FOLLOWING GRADUATE COURSE			
CRN#	Subject Code, CRS #, and Section #		Course Title
Year: _	Term: □Fall □Spring □Sumr	ner	□Full Term; or, Module: □1 □2 □3 □4 □5 □6
✓ I have met all of the required pre-requisites and am eligible to take the requested course. REQUIRED SIGNATURES (This form will not be processed without signatures.) It is the student's responsibility to obtain all signatures.			
1	Student Signature	Printed Name	Date
2.			
		Printed Name essary pre-requisites/res	Date strictions and/or that special arrangements have been made to allow the student to register
3			
	Department Chair of Graduate Program The Department Chair of Graduate Program signature confirms that the student has met a register for this course.	Printed Name all necessary pre-requisit	Date es/restrictions and/or that special arrangements have been made to allow the student to
4			
	3		Date rictions and/or that special arrangements have been made to allow the student to register raduate grade point average (GPA) of at least 3.000.

Upon receipt and review of this form, Rowan University Office of the Registrar will contact the student via email regarding permission and registration results,

confirming registration fedure and requirements have been met.