



UNIVERSITY OF CALIFORNIA, MERCED  
Office of the Registrar

Graduate to take an  
Undergraduate Course

5200 N. Lake Road, Merced, CA 95343 / Phone: (209) 228-2734 / Fax: (209) 228-4694 / registrar.ucmerced.edu

This completed form must be submitted to the Students First Center during the first three weeks of instruction.

**Lower-Division Courses:** petitioning to enroll in lower-division undergraduate courses (course numbers 1-99) must obtain the signature of the instructor, graduate advisor, and the Dean of Graduate Studies. Lower division courses (course numbers 1-99) will not fulfill degree requirements, but do count towards the 12 unit of workload needed. Please provide all supporting documentation. Changes to grade mode may be made online during the first two weeks of the semester.

**Upper-Division Courses:** Students who want to take upper-division undergraduate courses (course numbers 100-199) will be prohibited from enrolling via MyRegistration. Students are urged to meet with their graduate advisor in order to determine if the course may be used to fulfill a graduate degree requirement. The Graduate Dean's signature is not required. Changes to grade mode, when available, may be made online during the first two weeks of the semester.

**Personal Information**

UCM ID Number \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Phone number(s) \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Course Information**

Term \_\_\_\_\_ Year \_\_\_\_\_

| CRN | Subject | Course | Sec | Units | Instructor's Signature |
|-----|---------|--------|-----|-------|------------------------|
|     |         |        |     |       |                        |
|     |         |        |     |       |                        |
|     |         |        |     |       |                        |
|     |         |        |     |       |                        |
|     |         |        |     |       |                        |
|     |         |        |     |       |                        |
|     |         |        |     |       |                        |

Reason for request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I certify that I am the above named person, the information I have provided is accurate, and I have read and understand all polices governing special course additions.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required Signature:**

Graduate Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Students First Center:

Total units after all changes: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_