Graduate Course Enrollment Request
for undergraduate enrollment in a Physics graduate course

Instructions:
Return completed request with a copy of your unofficial transcript to 368 LeConte.

Note to Physics Majors/Minors:
Graduate level courses cannot be used to satisfy major/minor upper division requirement in Physics.

First Name: ____________________ Last Name: ____________________ SID # ____________________
Email: _____________________________ Check year: FR ___ SOPH ___ JR ___ SR ___
Your Major & Home Department: ________________________________________________________

Semester: __________ Year: __________

Physics Graduate Course: PHYSICS ______ Course Number: _______________
Secondary Section (DIS) if any: PHYSICS ______ Course Number: _______________

Course Prerequisites: _________________________________________________________________
Have Completed Prerequisites: Yes_____ No_____

FOR DEPARTMENT ONLY:

Physics Graduate Course instructor / Department Approval __________________________ Date
Class Number: ________________ Dated Issued: ________________ By: ____________________
Class Number (DIS): ________________ Dated Issued: ________________ By: ____________________