

**GRADUATE AND INTERNATIONAL STUDENT SERVICES
UNIVERSITY OF CENTRAL MISSOURI
PETITION FOR DUAL ENROLLMENT FOR SENIORS**

Date: _____

Name: _____ Student Number: _____

Address: _____

Phone: _____ E-mail: _____

Request for Coursework in: Fall Spring Summer Year: 20____ GPA: _____

- Submit an application and \$30 application fee to the Graduate and International Student Services, please indicate the semester you will be a graduate student (not the semester you plan to dual enroll).
- Apply for graduation (UG degree) prior to Registrar approval.
- Contact Student Financial Services (Ward Edwards 1100, sfs@ucmo.edu, or 660.543.8266) to determine how dual enrollment will affect your funding.

I am a senior at UCM. I expect to complete my bachelor's degree with a major in _____, at the end of the _____ (semester). I hereby apply to take _____ semester hours of *undergraduate* coursework and _____ semester hours of *graduate* coursework as a dually enrolled senior.

The maximum load for dually-enrolled seniors is:

- 16 hours in fall/spring semester and
- 9 hours in the summer semester with no more than 6 hours in any one summer session.

My **undergraduate** schedule will be as follows:

Dept prefix & course #	Course Title	CRN	Semester Hrs.	Session

My **graduate** schedule will be as follows:

Dept prefix & course #	Course Title	CRN	Semester Hrs.	Session

Student Signature

Date

REGISTRAR APPROVAL: (Ward Edwards 1000)

UCM Registrar Approved Denied _____
Date

The student understands that if the baccalaureate degree is not obtained during the semester for which approval is granted, the graduate courses taken will revert to undergraduate credit.

Graduate Advisor or Department Chair Approved Denied _____
Date

GISS Director Approved Denied _____
Date