



Student Request (SR)

Last Name _____

First Name _____

Student J# _____

Cell Phone # _____

Student Type

Undergraduate Graduate Other

Catalog Year _____

Current Major(s) _____

Concentration _____

Current Minor(s) _____

Certificate(s) _____

Are you requesting to enroll in a graduate course?

Yes (limit of 6 credits) No

REQUEST - Provide a brief statement defining WHAT is being requested: (For course substitutions, list course(s) to substitute. In-progress (IP) courses cannot be processed until the end of the term.)

Provide all course information in the spaces provided below. For graduate transfer credit taken at another institution, SR form should be submitted to your department with the "Transfer of Graduate Credit Form".

Course Number	Course Title/Institution	# Credits	Instructor
Term when course was or will be taken: Year _____	Fall Fall Inter.	Spring Spring Inter.	Summer

Course Number	Course Title/Institution	# Credits	Instructor
Term when course was or will be taken: Year _____	Fall Fall Inter.	Spring Spring Inter.	Summer

RATIONALE - Provide supporting statement explaining WHY request is necessary: (Attach additional sheets as needed.)

Student Signature _____ Date _____

Please work with your academic advisor and/or department to complete this form. Use your JSU email account for all electronic submissions.

Attention – For authentication purposes, student must obtain signatures listed below.

Academic Advisor Signature _____ Print Name _____ Date _____

Department Chair Signature _____ Print Name _____ Date _____

Processed by: _____ Date _____

5/10/2023