

CGU students must use this form to enroll in courses offered by the five undergraduate Claremont Colleges (5Cs), Claremont School of Theology (CST), or Keck Graduate Institute (KGI). Permission of the instructor is required to enroll in any non-CGU course. Courses that have been reviewed and added to the department's Schedule automatically earn graduate credit. All other courses require department review and approval to earn graduate credit.

- Use this form for a maximum of two courses. Additional requests may be submitted separately.
- Indicate the CAMPUS as CMC (Claremont McKenna), HM (Harvey Mudd), PZ (Pitzer), PO (Pomona), SC (Scripps), CST (Claremont School of Theology), or KGI (Keck Graduate Institute).
- You must obtain the signature of the instructor offering the course as permission to enroll in the course.
- Submit the completed form to your department for processing.
- For courses that do not already appear in the CGU Schedule of Classes, department approval is required for the course to earn graduate credit. Audited courses do not require departmental approval.
- Departments must submit completed forms to the Registrar's Office no later than the Add/Drop deadline for the semester.

Student Information

CGU ID# 254 - _____

Last Name _____ First Name _____

Academic Department _____ Degree Program _____

Semester _____ Year _____

Student Signature _____ Date _____

Request #1

Campus	Subject	Catalog#	Section	Full Term, Mod1,Mod2	Title	Units	√ if Audit	Class#

Print Instructor First & Last Name _____

Instructor Signature _____ Date _____

Department Authorization for Graduate Credit - Sign only if the 5C course is approved for graduate credit.

Print Name of Authorized Signature _____

Signature _____ Date _____

Request #2

Campus	Subject	Catalog#	Section	Full Term, Mod1,Mod2	Title	Units	√ if Audit	Class#

Print Instructor First & Last Name _____

Instructor Signature _____ Date _____

Department Authorization for Graduate Credit - Sign only if the 5C course is approved for graduate credit.

Print Name of Authorized Signature _____

Signature _____ Date _____

Submit Completed Form to Registrar's Office