



# Western New Mexico University – Petition of Level Restriction

This form is used by undergraduate students requesting permission to enroll in a graduate-level course while completing an undergraduate degree at Western New Mexico University [WNMU]. The purpose of this petition is to determine whether the graduate-level course(s) will:

- Apply toward the student's current undergraduate degree requirements, or
- Be reserved for application toward a future graduate degree program at WNMU.

An undergraduate registering for a 4XX/5XX level course with or without graduate credit must have a cumulative GPA of at least a 3.0. If graduate credit in a 4XX level course is requested and a graduate level course is being offered, the student must register for the 5XX level graduate course. Federal aid awarded through WNMU may or may not cover the course(s) included in this petition. Students are responsible for understanding how schedule changes may affect tuition, fees, financial aid eligibility, academic progress, athletic eligibility, veteran's benefits, or enrollment status. Students are encouraged to consult with their academic advisor and the appropriate university offices before submitting this form.

## Student Information:

|                                |  |                        |  |
|--------------------------------|--|------------------------|--|
| Student Name:                  |  | WNMU Student ID:       |  |
| Degree/Major:                  |  | Minor:                 |  |
| Term this request applies for: |  |                        |  |
| Student's Cumulative GPA:      |  | Previous Semester GPA: |  |

## Course Information:

|                                                                                                                                                                                                                                                                                                                                                                                                                           | Subject<br>Ex.<br>MATH:                                                                                                                                                                                                                             | Course<br>Ex:<br>111: | CRN<br>Ex:<br>12345 | Course Title<br>Ex.<br>Intro to Psychology: | Instructor Name<br>Ex.<br>Dr. Rawhide Mustang | Start Date of<br>Course<br>Ex.<br>01/01/2006 | End Date of<br>Course<br>Ex.<br>05/30/2006 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|---------------------------------------------|-----------------------------------------------|----------------------------------------------|--------------------------------------------|
| Enter Course Information:                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                     |                       |                     |                                             |                                               |                                              |                                            |
| Check the option that applies to this REQUEST:                                                                                                                                                                                                                                                                                                                                                                            | <b>I DO NOT</b> request graduate credit for the above course. [Ex. 5XX, will be included on the student's undergraduate transcript]. Limit UG credit to 9 hours.                                                                                    |                       |                     |                                             |                                               |                                              |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>I REQUEST GRADUATE CREDIT</b> for the above course [Ex. 5XX, will be included on the student's graduate transcript]. Limit GR credit to 9 hours.                                                                                                 |                       |                     |                                             |                                               |                                              |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>I REQUEST GRADUATE CREDIT</b> in an undergraduate [400] level course [Ex. 4XX, will be included on the student's graduate transcript]. Limit GR credit to 9 hours. The instructor <b>MUST</b> outline all extra work in the area provided below. |                       |                     |                                             |                                               |                                              |                                            |
| If graduate credit is requested for an undergraduate-level (4XX) course, the instructor must provide a detailed outline of the additional graduate-level work required to justify awarding graduate credit for the course. In addition, the instructor must develop and submit a revised syllabus identifying the specific additional requirements and expectations for graduate students to the Academic Affairs Office. |                                                                                                                                                                                                                                                     |                       |                     |                                             |                                               |                                              |                                            |
| Student Signature:                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     |                       |                     |                                             | Date:                                         |                                              |                                            |
| Professor Signature:                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |                       |                     |                                             | Date:                                         |                                              |                                            |
| Advisor Signature:                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     |                       |                     |                                             | Date:                                         |                                              |                                            |
| Dept. Chair Signature:                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                     |                       |                     |                                             | Date:                                         |                                              |                                            |
| Dean/AVPAA Signature:                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                     |                       |                     |                                             | Date:                                         |                                              |                                            |
| Director of GR Division Signature:                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     |                       |                     |                                             | Date:                                         |                                              |                                            |

RETURN the COMPLETED and SIGNED form to:

- Email: [registrars@wnmu.edu](mailto:registrars@wnmu.edu); Phone: 575-538-6118
- Mail: 1000 W. College Ave., PO Box 680, Silver City, NM 88062
- Be sure to complete all REQUIRED sections with SIGNATURE and date.
- Any Petition of Level Restriction Form that DOES NOT INCLUDE required signatures or completed required fields will be denied upon submission to [registrars@wnmu.edu](mailto:registrars@wnmu.edu).