



# UNDERGRADUATE REGISTRATION IN A GRADUATE COURSE

University of California  
Santa Barbara

Office of the Registrar  
University of California, Santa Barbara  
Santa Barbara, CA 93106-2015

Registration@sa.ucsb.edu  
https://registrar.sa.ucsb.edu/

**The policy regarding registration by an undergraduate in a graduate course requires:**

1. The students **must** have a minimum cumulative grade-point average of 3.0;
2. The student **must** have at least 12 units of upper-division credit with a grade of B or better in the subject of the graduate course;
3. Graduate courses completed by undergraduate students will not apply toward graduate degrees, unless taken while enrolled in a combined BS/MS program.

To register in a graduate course, take this form with an unofficial copy of your transcript to the instructor for initial approval, and obtain signatures as required. Your signed petition must be returned to the Office of the Registrar by the registration deadlines list on the Office of the Registrar website.

**Note for BS/MS Program Students in the College of Engineering:**

Students admitted to the BS/MS Program in Engineering may use this form to register in approved graduate-level engineering courses. **To register, obtain the Instructor's signature only.** This form may be presented at any time during your regularly scheduled registration pass times.

Name \_\_\_\_\_ Perm \_\_\_\_\_  
 Phone \_\_\_\_\_ Degree Program \_\_\_\_\_  
 E-mail \_\_\_\_\_ Major/ Department \_\_\_\_\_

**ACTION REQUESTED FOR:**  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
Year Year Year Year

**College:**  Letter & Science  Creative Studies  Engineering

**Are you an EAP student?**  Yes  No **Are you in a 5-year BS/MS program?**  Yes  No

**Class:** \_\_\_\_\_  
Subject Course # Enrollment Code Grade Option Units Instr. # Instructor name

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**ADDITIONAL APPROVALS REQUIRED:**

**Instructor's Approval:**

I have seen the student's transcripts and verify that the student meets the above stated qualifications.  Yes  No  
If an exception is required, please explain why you support it.

\_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Chair of Dept Offering Course \_\_\_\_\_ Date: \_\_\_\_\_  
(Not Required for BS/MS students in the College of Engineering)

Dean/ Assoc. Dean of College \_\_\_\_\_ Date: \_\_\_\_\_  
(Creative Studies students only)

***Office of the Registrar Use Only***

**Processed by** \_\_\_\_\_ **Date** \_\_\_\_\_