SOUTHERN ARKANSAS UNIVERSITY

GRADUATE SCHOOL

APPROVAL TO TAKE OFF CAMPUS HOURS DURING THE SEMESTER OF GRADUATION

Name:

SSN:

Date:

I,

request permission to take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours off campus at

(college/university)

during my last semester at SAU, Magnolia. I plan to enroll in the following course(s):

I am scheduled to graduate \_\_\_\_\_\_\_\_\_\_. I understand that I may not exceed the 9- hour transfer

(month/year)

limit. **I understand that if an official transcript does not arrive at the SAU office of the Registrar one business day after graduation, my graduation will be moved to the next graduation time.**

**Justification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: Official verification of enrollment in off campus courses must be presented to the Office of the Registrar at SAU, Magnolia at the beginning of the semester/ summer term in which the courses are to be taken. Failure to provide this information will cancel application for graduation.

**It is the student’s responsibility to make the necessary arrangements with the Registrar of the off campus college/ university for an official transcript to be mailed to the SAU Office of the Registrar NO LATER THATN ONE BUSINESS DAY AFTER GRADUATION.**