Request for Approval to Take

Off- Campus Hours

Name:

SSN:

Date:

I,

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

(college/university)

During the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester. I plan to enroll in the following course(s):

 (semester/year)

I understand that I may not exceed the 9- hour transfer limit from an accredited college/university. I plan to graduate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (semester/ year)

A syllabus or course description of the course is attached.

Student Signature:

**Approval:**

Advisor:

Dean of Graduate School:

**Registrar:**

**\*After completion of the course(s) an official transcript must be submitted to the Office of the Registrar with a grade of B or higher.**