



**REQUEST FOR APPROVAL TO TAKE OFF CAMPUS HOURS
DURING THE SEMESTER OF GRADUATION**

NAME: _____

DATE: _____

Student ID: _____

I, _____, request permission to take _____ total hours off campus at _____ during my last semester at _____
(college/university)
Southern Arkansas University, Magnolia. I plan to enroll in the following courses:

I am scheduled to graduate _____. I understand that I (1) may not exceed the 68 hour transfer limit
(month, year)
from a two-year institution; (2) must complete 24 of the last 30 hours on campus; (3) must complete a minimum 15 hours in my major and 9 hours in minor/specialization at SAU, Magnolia. **I understand that if an official transcript does not arrive at the SAU Office of the Registrar one business day after the graduation ceremony, my graduation will be moved to the next graduation time.**

Justification: _____

Student: _____ **Advisor:** _____

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 THAN ONE BUSINESS DAY AFTER THE SAU GRADUATION CEREMONY.