PERMISSION TO ENROLL IN ANOTHER INSTITUTION FORM

Form must be approved by Department Chair and the Office of the Registrar BEFORE student registers for classes off site *
*Permission forms and or credits earned will not be honored if the form is submitted after the course has been taken.

NAME (LAST, FIRST) STUDENT ID

BOWIE STATE EMAIL ADDRESS MAJOR SEMESTER/YEAR WHEN COURSE WILL BE COMPLETED

Name and address of Institution where course work is to be done: Justification:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Course information from other Institution: Course equivalent at Bowie State University:

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Instructions:
• First semester students are not eligible to take classes off campus until they have earned a BSU GPA.
• Student must be in good academic standing (GPA of 2.0)
• During Period of Dismissal (social, academic and/or suspension), course work taken elsewhere cannot be transferred to BSU.
• Must have less than 64 earned credits including transfer credits, to pursue courses at a community college or less than 90 credits to pursue courses at a four-year institution.
• Attach course description(s) for requested course(s) from other institution
• Obtain approval from Dept. Chair & Office of the Registrar
• Request that an official transcript be sent to: Bowie State University: Office of the Registrar.
• Students who receive a “D” or “F” grade in a course at BSU must retake that course at BSU.

Please be advised of the following:
• Only credits from regionally accredited institutions are transferable.
• Credit hours for courses taken at other institution may transfer in, but grade/quality points will not appear on the BSU transcript & will not affect the BSU GPA.
• Grades earned must be “C” or better
• The final thirty (30) credits must be taken at BSU prior to graduation.

Instructions:
• Students Signature Date
• Chairpersons Signature (confirm course approval) Date
• Registrar’s Signature (confirm academic standing) Date

_______ Approved _______ Disapproved

Justification for Disapproval:
____________________________________________________________________________________

NOTE: THE COMPLETED FORM MUST BE PICKED UP BY THE STUDENT. DECISION NOTIFICATION’S WILL BE EMAILED.