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 ____________________________

EMAIL ADDRESS ____________________________  MAJOR ____________________________  SEMESTER/YEAR WHEN COURSE WILL BE COMPLETED ____________________________

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

Justification: __________________________________________________________________________

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Course information from other Institution:

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<th>Subject</th>
<th>Catalog Number</th>
<th>Course Title</th>
<th>Credits</th>
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Course equivalent at Bowie State University:

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Instructions:

- Students must be in good academic standing (GPA 2.00 or better)
- 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 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 any course must retake that course at Bowie State.

Please be advised of the following:

- Only credits from regionally accredited institutions are transferable.
- Credit hours for courses taken at other institution may transfer, 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.

______________________________________________________________________________________

Students Signature ____________________________ Date ____________________________

Chairpersons Signature (confirm course approval) ____________________________ Date ____________________________

Registrar’s Signature (confirm academic standing) ____________________________ Date ____________________________

_________ Approved _________ Disapproved

Justification for Disapproval: ____________________________________________________________________________

______________________________________________________________________________________

_______________________________________

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Revised 6/2014