



Request to Enroll in Off-Campus Course

Name Net ID MSU Nine Digit ID Major

Total hours earned from:
Community/Junior College _____
Senior College other than MSU _____
Mississippi State University _____
Total Hours Completed _____

Acceptance of community or junior college work is limited to one-half of the total requirements for graduation in a given curriculum.

I request permission to take the following course(s) at a regionally accredited institution other than Mississippi State University during the _____ term 20____.

Name of Institution: _____

A course syllabus or catalog description for each course must be attached to this form if institution is not on transfer articulation site listed: <http://www.registrar.msstate.edu/students/transfer-course-information/>

Off Campus Course(s) Must write in Course Symbol, Number and Course Title	MSU Equivalent Must write in Course Symbol, Number and Course Title

_____ I request a waiver for completing my last 32 hours of coursework at Mississippi State University.

I understand that I am responsible for ensuring official transcripts for these courses are sent to Mississippi State University. I also understand that I must meet all graduation requirements as published in the Bulletin of Mississippi State University.

Student Signature Date

APPROVED: _____
Advisor Administrative Approval (Dean's Office) Date