



MISSISSIPPI STATE UNIVERSITY™
COLLEGE OF EDUCATION

REQUEST TO ENROLL IN OFF-CAMPUS COURSE

This form must be completed and approved by the Dean's Office at least one week prior to enrolling in the course(s).

NAME _____ NetID/9 DIGIT _____ MAJOR _____

By submitting this form, you acknowledge the following:

- *Acceptance of community or junior college work is limited to one-half of the total requirements for graduation in each curriculum.*
- *To complete a baccalaureate degree, a student must...complete at least the last 25 percent of semester credit hours of course work taken to fulfill degree requirements from Mississippi State University. (Any exception to the 25 percent requirement must be approved in writing by the student's dean prior to taking course work at another institution.)*
- *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 catalog of Mississippi State University.*

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		MSU EQUIVALENT		Articulation Confirmed?
Course Symbol & Number	Course Title	Course Symbol & Number	Course Title	Yes or no

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

STUDENT SIGNATURE: _____

ADVISOR'S SIGNATURE

DEAN'S OFFICE APPROVAL

DATE