

REQUEST TO TAKE COURSES AT ANOTHER INSTITUTION

STUDENT NAME _____
Last First MI

STUDENT ID NUMBER

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SCHOOL _____ MAJOR _____

NAME OF OTHER INSTITUTION _____

LOCATION OF OTHER INSTITUTION _____
City State

SEMESTER Fall Summer Spring YEAR _____

COURSES TO BE TAKEN AT OTHER INSTITUTION

Course Title _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
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PLEASE NOTE THE FOLLOWING:

- Permission is automatically denied to take courses at any institution if the student becomes academically ineligible to return to VCU.
- All credits earned at another institution which become part of the last 25% of the credit semester hours required toward a degree must have prior approval from the Academic Regulations Appeals Committee.
- Upon completion of any off-campus courses, the student is responsible for having one transcript sent to: Virginia Commonwealth University, Office of Records and Registration, P.O. Box 842520, 827 W. Franklin St., Richmond, VA 23284-2520
- Special note for financial aid recipients: Please note that in most cases, credits taken at another institution will not be counted towards enrollment level for financial aid purposes at VCU. Contact the VCU Office of Financial Aid if you have any questions.

Upon approval, this request also may serve as certification that the student named is a student in good standing at Virginia Commonwealth University and has permission to take the course(s) indicated during the specified year and semester at the specified other institution.

Recommended - adviser's signature

Date

Approved - assistant dean's signature

Date