## REQUEST FOR JR/SR TO TAKE CLASSES OFF CAMPUS

Name:	ID:	Ma	ajor:
Email:	Phone	::	
I request permission to take the folduring the term, 20	_	other than Mississippi State Univ	ersity
Name of institution:		Loc	cation:
Course Number:	Description:		
Course Number:	Description:		
Course Number:	Description:		
Hrs earned at MSU Hrs earned at other 4-yr institution Hrs earned at Jr/Comm Colleges	(at least 32 hours 20 s (maximum ½ your c		
Do you plan to graduate at the end			s No
If yes, permanent address:			
GRADUATING SENIORS:			
<del>-</del>	vith the Registrar's Office during t not later than the last day to ap	<del>-</del>	
ALL STUDENTS:			
<ul> <li>accumulated at MSU by transfe</li> <li>If you have any questions conc your dean (662-325-2110), or t</li> </ul>	y their department must have at erring credits from other institut erning your ability to graduate a the Registrar (662-325-2022).	ions. t a specific time, please consult	your advisor, your department,
I understand that I must meet all r graduate.	equirements as published in the	Bulletin of Mississippi State Un	iversity in order for me to
		Student Signature	Date
APPROVED:			
Advisor		Department Head	
Dean Date the second control of the second contr		Date Filed	