



MISSISSIPPI STATE UNIVERSITY™ COLLEGE OF ARTS & SCIENCES

Office of the Associate Dean of Academic and Student Affairs

513 Allen Hall | Mail Stop 9706

Phone Number (662) 325-2646

Request To Enroll In Off-Campus Course

Name

MSU 9-digit ID Number

Major

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

**Acceptance of community 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 MSU during the _____ term.

MSU Transfer Course Articulation Website: <https://www.registrar.msstate.edu/students/transfer-course-information/>

Name of Institution: _____

If a transient letter is needed, provide the **email address** for the office that the letter needs to be sent to:

Example: Course Number: <u>SSS 111</u>	Description/Title: <u>Sample Course I</u>
Course Number _____	Description/Title _____
Course Number _____	Description/Title _____
Course Number _____	Description/Title _____
Course Number _____	Description/Title _____

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

Student's Email Address: _____

Student's Signature: _____

Date _____

APPROVED: _____
Advisor

Arts & Sciences Academic Coordinator