



MISSISSIPPI STATE UNIVERSITY™ COLLEGE OF ARTS & SCIENCES

Office of the Associate Dean for Academic Affairs
513 Allen Hall | Mail Stop 9706 | (662) 325-2646

Request to Enroll in Off-Campus Course

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

Name

Net ID

Nine-Digit ID

Major

Hours earned from:

Community/Junior College _____

Mississippi State University _____

Total _____

**Acceptance of community college work is limited to one-half of the total hours required for graduation in a given curriculum.*

I request permission to take the following course(s) at

_____ during the _____ term.
Name of institution Spring, Summer, Fall Year

COURSE NUMBER _____ COURSE TITLE _____

COURSE NUMBER _____ COURSE TITLE _____

COURSE NUMBER _____ COURSE TITLE _____

COURSE NUMBER _____ COURSE TITLE _____

Transient Letter requested: YES NO If yes, provide email: _____
Email address for the office to which the letter needs to be sent

Initial:

_____ I understand that upon completion, I must send an official final transcript to MSU in a timely manner.

_____ I request a waiver for completing the last 25% of my degree requirements in residence at MSU.

**If checked, provide justification below.*

Student's Signature: _____ Date: _____

APPROVED: _____
Advisor

A&S Dean's Office