



MISSISSIPPI STATE UNIVERSITY™  
COLLEGE OF ARTS & SCIENCES

Office of the Associate Dean of Academic and Student Affairs  
513 Allen Hall---Mail Stop 9706 Tel. No. (662) 325-2646  
Contact Person: Kate Sawaya, [kate@deanas.msstate.edu](mailto:kate@deanas.msstate.edu)

## Request To Enroll In Off-Campus Course

\_\_\_\_\_  
Name MSU 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 20\_\_\_\_\_

Name of Institution: \_\_\_\_\_

If a transient letter is needed, provide the email or mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

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