

Request to Enroll in Off-Campus Course

Name: _____ MSU ID#: _____

Total hours earned from:

*Community College/Junior College: _____

Senior College other than MSU: _____

Mississippi State University: _____

TOTAL HOURS COMPLETED: _____

** Acceptance of junior or 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 Mississippi State University during the

_____ Term 20 _____

Name of Institution: _____ Location: _____

Course Symbol & Number (ex: EDE 3223)	Title (ex: Spanish III)

I request a waiver for completing the last 32 hours of course work in residence at Mississippi State University to fulfill degree requirements:

Yes No

Student's Signature: _____ Date: _____

Student's Email Address: _____

APPROVED: _____ Date _____

CDE ACADEMIC ADVISOR SIGNATURE

BSIS ADVISORS: Kali Dunlap - kdunlap@distance.msstate.edu **OR**
Evan Hawkins - ehawkins@distance.msstate.edu

DELIVER, MAIL, OR FAX THIS COMPLETED FORM TO:

MSU Center for Distance Education P.O. Box 5247 Mississippi State, MS 39762 662.325.1559 FAX: 662.325.2657
209 Memorial Hall • Campus Mail Stop 9634