



Mississippi State University
 Office of the Associate Dean of Student Academics
 224 Allen Hall--Mail Stop 9706
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 Box AS, Mississippi State, MS 39762
 Contact Person: Tracy Britt or Barbara Stewart, Academic Coordinators
 email: tbritt@deanas.msstate.edu OR bstewart@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 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 and Location: _____

Course Number	_____	Description/Title	_____
Course Number	_____	Description/Title	_____
Course Number	_____	Description/Title	_____
Course Number	_____	Description/Title	_____

I request a waiver for completing in residence at Mississippi State University the last 32 hours of course work to fulfill degree requirements: Yes _____ No _____

Student's Signature: _____ Date _____

Student's Email Address: _____

APPROVED: _____
 Advisor Academic Coordinator