

**REQUEST TO TAKE COURSE(S) OFF-CAMPUS
COLLEGE OF BUSINESS & INDUSTRY**

Name: _____ **Major:** _____

ID#: _____ **Net ID:** _____ **Local Ph:** _____

Local Mailing Address: _____

Off-campus enrollment period (check one):

1 st 5-week summer term of 20____	Total hours _____
Fall of _____ Total hours _____	2 nd 5-week summer term of 20____ Total hours _____
Spring of _____ Total hours _____	10-week summer term of 20____ Total hours _____

Grade point average: MSU: _____ Cumulative _____

Classification: Freshman Sophomore Junior Senior

I expect to graduate at the end of the period of enrollment noted above: Yes No

Name of Community College/University you will attend Location of Community College/University
A course syllabus or catalog description of each course should be attached to this form (except for courses taken at Mississippi Community Colleges for which articulation may be viewed at:
<http://www.cbi.msstate.edu/dept/aac/forms/takecoursesoffcampus.pdf>.)

Off-Campus Course(s)		MSU Equivalent	
EX: BUS 241	Principles of Accounting I	ACC 2013	Principles of Financial Accounting

Reason for request: _____

- **I understand that I must meet all graduation and enrollment requirements as published in the Bulletin of Mississippi State University in order to graduate.**
- **I also understand it is my responsibility to have the transcript mailed to MSU upon completion of this work in order to receive credit toward graduation.**

Student Signature

Date

Approved

Denied

Advisor

Date

(March 2007)