

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

Name: _____ **Major:** _____

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

Local Mailing Address: _____

Off-campus enrollment period (check one):

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

Grade point average: MSU: _____ Cumulative _____

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior **(last 32 hours must be taken at MSU)**

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/catalog description of each course should be attached to this form (except for Mississippi CC courses for which articulation may be viewed at: https://mybanner.msstate.edu/prod/wwwskttlglg.P_SelSBGI).

Off-Campus Course(s)		MSU Equivalent	
Example: BUS 241	Principles of Accounting I	ACC 2013	Principles of Financial Accounting
1.			
2.			
3.			
4.			

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.*
- *I understand the last 32 hours MUST BE TAKEN AT MSU.*

Student Signature

Date

Approved

Denied

Advisor

Date

(April 2009)