MISSISSIPPI COLLEGE -- REQUEST TO TAKE A COURSE AT ANOTHER INSTITUTION

SECTION 1:

Full Name:__________________________________________MC ID:_____________________________ Today’s Date:_____________ Campus Box:__________

Mailing Address:______________________________________City:___________________________ST:__________ZIP:__________Cell Phone:_________________

Advisor:______________________Major:_______________________Minor:______________________Anticipated Date of Graduation:_____________

Reason for taking course(s) off Campus:_______________________________________________________What term will you be taking course(s)?____________________

Will you be taking courses at MC during this term?___________If yes, how many hours at MC?___________How many hours at the other institution?_________

SECTION 2:

STUDENT MUST pick up form 5 days after Registrar Review

Are you currently, or do you plan on becoming, a varsity athlete at MC? Yes ___ No ___

GUIDELINES FOR TAKING COURSES OFF CAMPUS:

Initial each line then sign and date. This indicates to us that you have read and understand the guidelines.

_____1. I must be in “good standing” at Mississippi College to take courses elsewhere. (2.0 cum MC GPA. Exception: 2.5 cum GPA for nursing majors.)

_____2. My transfer grades must average C or higher, but these grades do not affect my quality point ratio at MC.

_____3. Courses taken off campus are part of my total course load.

_____4. I understand that only 65 hours of junior/community college can be used toward my degree, and that 65 hours applied toward graduation must be earned at a senior college, regardless of the number of semester hours taken at the junior/community college level.

_____5. I understand that I must have earned a minimum of 65 hours at Mississippi College in order to be considered for graduation with honors.

_____6. I understand my last 33 hours must be taken at Mississippi College.

_____7. I understand that for acceptance of credit toward a degree, I must request an official transcript from the Registrar of the college or university at which the courses were taken and have it sent to:

Office of the Registrar; Mississippi College; Box 4028; Clinton, MS 39058.

Student Signature____________________________________Date__________

REGISTRAR REVIEW ONLY:

Approved Denied Pending Student copy:___________

Office of the Registrar:___________________________Date__________

Comments:________________________________________

_________________________________________________

01/14 M:\offcampuscoursereserved

Transfer hrs applicable towards a degree:_______

Hours completed at Mississippi College:_______

Hours student is currently enrolled in:_______

Total Hours:_______

Student’s cumulative GPA at MC:_______

Signatures (If needed):

VP of Academic Affairs:___________________________Date__________

Advisor:___________________________Date__________