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**_____

YOU MUST INCLUDE COURSE NAME, TITLE, and HOURS

Print course descriptions for out-of-state schools

Name of College or Univ:_____

Location:_____

(EX: ENG 101-College Composition-3 hours)

*Course to take:*_____Title_____Hrs_____
*MC Equivalent:*_____Title_____Hrs_____
Circle one: ONLINE ON CAMPUS

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REGISTRAR REVIEW ONLY:

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: _____

Approved Denied Pending Student copy:_____

Office of the Registrar:_____Date_____
Comments:_____
_____
_____
_____01/14__M:\offcampuscourse revised

Signatures (If needed):
VP of Academic Affairs:_____Date_____ Advisor:_____Date_____