

# REQUEST FOR PERMISSION TO TAKE COURSES OFF CAMPUS

## Summer Sessions



**SOUTHERN  
ADVENTIST UNIVERSITY**

**Records and Advisement**

### INSTRUCTIONS

- After completion of the form, obtain the required signatures in the order given below if you respond "yes."
- Attach the course description from the institution you are planning to attend for each class you are planning to take off campus.
- Please return this form and the attached course description(s) in person or via fax (423.236.1899) to Records and Advisement.

### POLICIES GOVERNING TRANSFER CREDIT

- A maximum of 72 semester hours may be taken at a community college.
- The last 30 of the last 36 semester hours must be earned in residence at Southern.

### A. APPLICATION DATA

ID #: \_\_\_\_\_ NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

MAJOR(S): \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

### B. INSTITUTION DATA

Name and complete address of the institution you plan to attend:

\_\_\_\_\_  
 \_\_\_\_\_

•The college you plan to attend is (check one):

Two-year accredited    **OR**     Four-year accredited

•Term of enrollment is (check one):

Summer semester    **OR**     Summer quarter

Please provide the course prefixes, course numbers, course titles and the number of semester or quarter hours for the classes listed below from the school you are planning to attend.			
Course Prefix & Course # (Do not use synonym number)	Course Title (at the school where you will be taking the class(es))	No. of Credit Hours	
		Semester	OR Quarter
<i>Example: HIST 174</i>	<i>World Civilizations</i>	<u>  3  </u>	OR _____
		_____	OR _____
		_____	OR _____
		_____	OR _____

### C. APPROVAL SIGNATURES

Please obtain signatures in the order given if you respond "yes" to the questions listed below.

1. **Are you requesting to take a major, minor, cognate, or pre-professional program class?**  Yes     No  
Signature of Chair/Dean of Department/School: \_\_\_\_\_
2. **Will you be taking classes at Southern and off campus during the same semester?**  Yes     No  
Signature of Associate VP for Academic Administration: \_\_\_\_\_
3. **Do you have less than 30 semester hours left for graduation? If "yes," how many hours?** \_\_\_\_\_  Yes     No  
Signature of Associate VP for Academic Administration: \_\_\_\_\_
4. **Are you a student with an F-1 or J-1 visa?**  Yes     No  
Signature of International Student Adviser: \_\_\_\_\_

**Please indicate action (if any) needed by Records and Advisement:**

- Mail a letter of good standing to the school I plan to attend. (Name and complete address are listed above.)
- Mail a letter of good standing to me at my current address: \_\_\_\_\_
- Fax a letter of good standing to the school I plan to attend. You must supply the fax number: \_\_\_\_\_
- No action needed. Please contact me by the selected contact option to let me know regarding approval (check one):  
 email    **OR**     contact phone number

**FOR RECORDS AND ADVISEMENT USE ONLY**

Comments:

\_\_\_\_\_