

## REQUEST TO ENROLL IN COURSE(S) OUTSIDE OF DILLARD UNIVERSITY

OFFICE OF RECORDS & REGISTRATION						
CUM GPA						
Current Transfer Hours						
Processor:	Date:					

OCISID	L OI DILL	.Htb Civ	IVERSITI		Processor:	Date:
Date:						
Name						
ID No Classification	Classification					
ereby, request permission to enroll at			for the	(seme	ester)	(year) in
accordance with the guidelines stated in the Univers	ity Catalog.					
<ul> <li>All students must complete the last 30 semester I</li> <li>Students who have attended institutions prior to a admission and will not be permitted to transfer at</li> <li>Only credit hours, not grades are transferable. A</li> <li>Only comparable college-level courses in which</li> <li>Procedure for completing form:</li> <li>Student meets with Academic Advisor to commust be attached).</li> <li>Secure signatures: 1) Student, 2) Advisor and</li> <li>The Program Coordinator or designee should of</li> </ul>	admission to Di ny additional cr student may tra the student has plete form (a co 3) Program Coo	illard Universedits earne to earned a group of the coordinator	ersity may transfer d external to Dillar nine (9) hours eac rade of 'C' or bette ourse description a	rd. h semes er will be	ster. e accepted for rse syllabus f	or transfer credit.
and 3) University Registrar for signatures I plan to enroll in the following course(s).  Host Institution						
Course Number Name Hrs			Equivalent ourse Name Hr:		Course Program Approval Signature	
Ex. BIO Intro of Biological 3		<u> </u>	ological Sciences	3	(Signatur	e of Coordinator of Biology)
1	1					
2	2					
3	3					
Required Signatures:						
Student	Date Advisor					
Program Coordinator	Date	School C	hair			Date
Dean of Faculty and St	udent Academ	ic Service	s Da	ate		
This document serves as authorization for the above sourse(s) and year/term stated above.					ting student	in the

Robert Mitchell, Jr., Registrar / Director of Records & Registration

(SEAL AFFIXED)

Date