

## Please submit (5) typed copies

## REQUEST TO TAKE NON-RESIDENT COURSES

[THIS FORM MUST BE APPROVED (4) WEEKS PRIOR TO THE REQUESTED NON-RESIDENT SEMESTER]

lame				Student ID#		
ddress						
	Number and Stre	eet	City	State	Zip	
ajor		Classificati	on	GP	A[Must be a 2.0	) or bottor!
		Name and Address o	f Institution to which s	student is applying:	[Must be a 2.0	or betterj
Sei	mester and Year stu	dent plan to enroll		Applied for Fi	nancial Aid:	_Yes No
COURSE(S) STUDENT REQUESTS: Albany State University				SUBSTITUTI Attending In	ON(S) PROPOSED: stitution	
Crse. No. and Ti	itle)	(Credit Hrs)		(Crse. No. an	d Title )	(Credit Hrs)
REASON FOR R	REQUEST:					
orm, the advisor processing. Grad	and departmental cha luating seniors will no	eived a deficient grade in a irperson should review the t be permitted to take cours ent request be approved.	student's record. Bot	h must approve the req	uest prior to sending it	to the Registrar's Of
CTION ON RE	QUEST					
pproved N	Not Approved	<del>-</del>	Stude	ent	Date	
[ ]	[ ]	_	Advis	or	Date	
[ ]	[ ]	-	Departmental (	Chairperson	Date	
[ ]	[ ]		Dear	<u> </u>	Date	
[ ]	[ ]					
			Regist	rar	Date	

Note: If Graduate Student Transient, a copy must be submitted to the Graduate School Office.

Albany State University Albany, Georgia 31705 (229) 430-4635 Albany State University, a Unit of the University System of Georgia, is an equal opportunity affirmative action institution.