



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]

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_
Number and Street City State Zip

Major \_\_\_\_\_ Classification \_\_\_\_\_ GPA \_\_\_\_\_
[Must be a 2.0 or better]

Name and Address of Institution to which student is applying:

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

Semester and Year student plan to enroll \_\_\_\_\_ Applied for Financial Aid: \_\_\_\_\_ Yes \_\_\_\_\_ No

COURSE(S) STUDENT REQUESTS:
Albany State University

SUBSTITUTION(S) PROPOSED:
Attending Institution

(Crse. No. and Title) (Credit Hrs)

(Crse. No. and Title) (Credit Hrs)

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

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

REASON FOR REQUEST:

\_\_\_\_\_

Note: Students who have failed or received a deficient grade in a course will not be permitted to take the course on a non-resident basis. Before processing this form, the advisor and departmental chairperson should review the student's record. Both must approve the request prior to sending it to the Registrar's Office for processing. Graduating seniors will not be permitted to take courses at another institution as a transient student during the semester in which they are to graduate. In no cases will a retroactive non-resident request be approved.

ACTION ON REQUEST

Approved [ ] Not Approved [ ]
Student Date
Advisor Date
Departmental Chairperson Date
Dean Date
Registrar Date

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

Albany State University Albany, Georgia 31705
Albany State University, a Unit of the University System of Georgia, is an equal opportunity affirmative action institution.