

STUDY AT ANOTHER INSTITUTION REQUEST FORM

This form must be completed and submitted to the Registrar's Office at least 30 days prior to the beginning of the semester in which you are requesting study at another institution.

Name _____ Date _____

Address _____ Phone _____
Street City State Zip

For which semester is your request? _____
Year Term (Summer/Fall/Spring)

Institution to be attended _____

Number of hours to be carried _____ Cumulative GPA _____

I want to take the following course(s) at another institution:

Course # and title _____

Course # and title _____

Reason you are requesting to take course(s) at another institution:

Course(s) will be equivalent to the following Mid-Continent University courses:

Will you receive financial assistance? _____ What type? _____

By signing below, I authorize Mid-Continent University to release my CGPA to the above-named institution.

_____ Date _____

Student

_____ Approved _____ Disapproved _____ Date _____

Registrar

_____ Approved _____ Disapproved _____ Date _____

Faculty Advisor's Signature