

# MID-CONTINENT UNIVERSITY

*Office of the Registrar*

## 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 \_\_\_\_\_ SS# \_\_\_\_\_ 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 are required)

Course # and title \_\_\_\_\_  
(Course # and title are required)

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 and social security number to the above-named institution. \*All signatures are **REQUIRED**\*

\_\_\_\_\_ Date \_\_\_\_\_

**Student**

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

**Registrar**

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

**Faculty Advisor's Signature**