



# Permission to Earn Credits At Another Institution Bluefield State University

<b>Institution Name &amp; Address</b>	<b>Enrollment Period</b>	
	<input type="checkbox"/>	Spring Year: _____
	<input type="checkbox"/>	Summer 1 Year: _____
	<input type="checkbox"/>	Summer 2 Year: _____
	<input type="checkbox"/>	Fall Year: _____

<b>Student's Name, Address &amp; Phone</b>	<b>Student's I.D. Number</b>	
	_____	
	<b>Student's Major/Minor</b>	
	_____	
		<b>Phone</b>
		_____

*The above-named student, who is in good standing at Bluefield State University, is hereby authorized to enroll at your institution for the course(s) listed below during the period specified.*

TRANSIENT COURSE(S)				BSC EQUIVALENT COURSE(S)			
Dept	Course #	Title	Sem Hrs	Dept	Course #	Title	Sem Hrs

**If not listed in a Transfer Articulation Guide, transfer institution course descriptions must be attached. In submitting this form, I understand and agree to the following limitations:**

- 1) I must have a transcript of this work sent to Bluefield State University
- 2) The grade(s) and quality points earned and transferred to Bluefield State University will be entered on my record
- 3) My total course load for the semester indicated, including the course(s) listed above, does not exceed 18 semester hours for fall or spring or 7 semester hours for a summer term
- 4) I have met the prerequisites for the BSU equivalent course(s) listed above
- 5) I may transfer no more than 72 semester hours from a two-year, regionally accredited college(s) or 64 semester hours if state-only accredited
- 6) Correspondence courses must be administered through the CAP Center, and credit is not allowed for more than 32 semester hours of correspondence courses
- 7) **To pay fees at the other institution with my financial aid and give the BSU Financial Aid Office a paid receipt**

**My reason for requesting permission to take the above course(s) is:** \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

**This form should be approved by ALL persons indicated, in the order listed, and returned to the Registrar's Office. If one or more of these persons does not approve, the substitution may be appealed to the Faculty Academics Committee.**

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_  
Dean of Student's Major Field Signature Date

\_\_\_\_\_  
Dean in which Substitution is requested Signature Date

\_\_\_\_\_  
Registrar Signature Date

**Yes, please add this to our Transfer Equivalency System.**

White-Registrar's Office	Yellow-Other School	Pink-Student	Gold-Advisor	Green-Financial Aid
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