

Office of the Registrar Approval to Pursue Course(s) at Another Institution Form

For Semester: Fall	Spring [Summer I Summer II Year:		Major:			
College:				Department:			
Student Name: Previous Semester Grade Point Average				Banner II	D:		
				Cumulative GPA			
Other Institution Name:							
Justification for Approv	al:						
Other Institution Course	Details:						
Course Prefix & No. Course Title (Please attach a copy of the co				rrse description) Credit			
		y requirements and/or electives at F ment/Elective/Both column beside e			SU course(s). Please of	check the	
Transferable Course(s) Prefix & Number	Credit	FSU Course(s) Prefix & Number	Credit	$ \underline{\mathbf{R}} $ equirement/ $\underline{\mathbf{E}}$ le	ctive/ B oth		
				□R □E □B			
				□R □E □B			
1. The institution 2. A minimum gr. 3. Hours transferr 4. Grades earned 5. Credits earned	n/ug/acade from whice ade of "C" red from we at another at another	will be accepted at FSU under the formicregulations/studyotherinstitution he the credit is being transferred must is earned. ill increase the total number of attentinstitution will not affect the GPA a institution may affect eligibility for udents must complete at least 25%	the accrecent of the ac	lited by its regional earned hours for fire with honors, inclusion	l accrediting agency. nancial aid eligibility. Iding valedictorian and	l salutatorian.	
Advisor(Print/Sign):			D	Date:		☐ Disapproved	
Department Chair:			D	oate:			
Dean (School/College):			Date:		_ \ \ \ \ Approved	☐ Disapproved	