BUENA VISTA UNIVERSITY

ACADEMIC ACTION

Off-Campus Course Request • Storm Lake Campus

1. To request permission to take a course at another institution:

Students desiring to enroll in another post-secondary institution with the intent of applying credits earned to a Buena Vista University degree program must secure written approval in advance of taking the course. Prior to the final 30 hours (senior year), the student's academic advisor and school dean must approve the request to transfer courses from another institution back into Buena Vista University. The Dean of Faculty must approve such transfer requests during the final 30 hours. Requests to take courses at other institutions will not be accepted when they are taken for the following purposes: failed BVU courses and/or BVU courses repeated in order to obtain higher grades. No more than 12 semester hours may be taken from another institution during a summer and no more than a total of 24 hours (summer coursework) may be used toward graduation. Juniors and seniors may not transfer two-year college credit into BVU, with one exception – required courses not offered at the Buena Vista University site of enrollment. Independent and directed studies generally are taken at the site at which the student is affiliated.

Name (print) First Middle Last Date

BVU ID# Class Campus Box # Phone Number

Major(s) Minor(s) or Concentration(s) Secondary Certification ◯ Yes ◯ No

2. State the reason you are unable to take this course at your BVU location:

3. Course Information:

I wish to take the following course: ◯ As an elective ◯ To fulfill a specific requirement

Specify the major, minor, concentration or general education area for which this course is required:

The course I wish to take is: (Attach a copy of their course description to this request)

Department Number Course Title Credit Hours

Name of the College/University City State

I wish to take this course during the academic year of _____ and semester or term indicated below:

Semester: ◯ Fall ◯ Interim ◯ Spring ◯ Summer Pre-Session ◯ Summer 1 ◯ Summer 2

4. The following signatures are required:

	Recommendation	
1. Student	◯ Yes ◯ No	Date
2. Advisor		Date
3. Dean of School	◯ Yes ◯ No	Date
4. Academic Dean/Associate Dean	◯ Approved ◯ Denied	Date

Comments:

Return this form to the Registrar's Office

BVU, Office of the Registrar, 610 W. Fourth Street, Box 2009, Storm Lake, IA 50588
regoffice@bvu.edu • 712.749.2233 • Fax: 712.749.1466