

To request permission to take a course at a BVU Center or at another institution.

1.

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 or Center director 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 semesters 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

 Student ID# Class Box # Daytime Phone Number

 Major(s) Minor(s) or Concentration(s) Secondary Certification
2. State the reason why 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 if it is not a BVU course.)

 Department Number Course Title Credit Hours

 Name of the College/University City State

I wish to take this course during the 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:

1. Student _____ 2. Advisor _____ 3. Dean of School _____	Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____ _____ _____
---	---	---

Return to the Registrar's Office

 4. Academic Dean/Associate Dean _____ **Approved** **Denied** _____
Date
Comments:

Return this form to the Registrar's Office