## **REQUEST TO ENROLL IN OFF-CAMPUS COURSE**

This form must be completed and approved by the Dean's Office at least one week prior to enrolling in the course(s).

IAME	Net	ID/9 DIGIT	MAJOR	
y submitting this form	, you acknowledge the f	following:		
•		ege work is limited t	o one-half of the total requirer	ments for
<ul> <li>To complete a credit hours of exception to th course work at</li> </ul>	course work taken to ful e 25 percent requiremen another institution.)	fill degree requirem It must be approved	olete at least the last 25 percei ents from Mississippi State Uni in writing by the student's dec	iversity. (Any an prior to taking
	understand that I must me		for these courses are sent to Miss uirements as published in the cata	
•	take the following court		accredited institution other t	han Mississippi
IAME OF INSTITUTION  course syllabus or catalo			this form is institution is not on t	ransfer articulation
	iistrar.msstate.edu/student			Articulation
OFF CAMPUS COURSE			MSU EQUIVALENT	
Course Symbol & Number	Course Title	Course Symbol & Number	Course Title	Yes or no
I request a waiv	er for completing my las	t 32 hours of course	work at Mississippi State Unive	ersity.
STUDENT SIGNATURE:				
			<del></del>	