



**REQUEST FOR APPROVAL TO TAKE UNDERGRADUATE COURSE AT ANOTHER INSTITUTION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
*Please print*

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Total number of hours taken at another institution since enrolled at Bryan College of Health Sciences: \_\_\_\_\_  
*(Does not include transfer hours completed before acceptance at Bryan)*

**This is to certify that the student named above is a student in good standing at Bryan College of Health Sciences. Bryan College of Health Sciences will accept the course listed below as transfer credit in the student's program, if the student earns a grade of C+ or better, and if prior approval has been granted for the student to take the course.**

Institution at which course will be taken: \_\_\_\_\_

Term in which course is to be taken: \_\_\_\_\_

Course #	Course Title	Credit Hours	Term (check one)	
			Semester	Quarter

**Course description must be attached to this form; additional information may be requested.**

**Explanation for request to take course off-campus:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Faculty Advisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Registrar

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dean/Program Director

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
 Date

Original: Registrar

Copies: Student; Advisor; Dean/Program Director