The University of Southern Mississippi

PERMISSION TO TRANSFER CREDIT

Must include unofficial enrollment record

Student Name_____Student ID _____

Student Email_____Student Phone Number _____

Major(s)_____USM Cumulative GPA_____Classification Freshman

I request permission to attend_____during_____to take the following courses:

Transfer Course(s) *(i.e. MAT 1313)*	**USM Equivalent(s)** *(i.e. MAT 101)*	**GEC Course?** *Yes* *No*	**Justification for Request:** *Use space below for all courses requested*
		No	
		No	
		No	
		No	
		No	

If "Yes" was checked under GEC Course, please attach course description and course syllabus with the request.

This step is not necessary if the course is already a part of the Articulation Agreement between Southern Miss and Mississippi Community Colleges.

Circle appropriate comments & have student initial in blanks below

I certify that I will not be enrolled at USM during this term. (If student will be enrolled at USM, explain above.) Not Enrolled / Enrolled _____

I understand that grades received for these transfer courses WILL NOT have an impact on my USM GPA. Yes _____

I understand that I must earn at least 21 of the last 30 hours at USM. Yes / No _____

***If an exception is needed, an Undergraduate Request for Exception form must be attached and approved by the Provost.*

Student Signature **Date**

Advisor Signature **Date**

Department Chair Signature **Date**

College Dean Signature **Date**