

COURSE PERMISSION FORM

Western Connecticut State University

In requesting permission to take a course at another college or university, I recognize that to be transferable, my grade must be a "B" or better. I further understand the grade received will not be incorporated into my quality point average but will appear on my record as transfer credit (T). When requesting approval, it is my responsibility to provide a catalog description of the course to the appropriate Program Coordinator and the Graduate Dean and to be certain that an official transcript is sent to the Division of Graduate Studies at Western.

Name _____ Date _____

Student ID # _____ Email _____

Address _____

Telephone _____ Program and Degree _____

I request permission to take the following course:

Dept _____ Course # _____ Title _____ Cr _____

at College/University Name _____

Location _____ during year _____ Fall _____ / Spring _____ / Summer _____

TO BE COMPLETED BY PROGRAM COORDINATOR

Course will transfer as (check one) _____ program requirement _____ program elective

Transfer course equivalent:

Dept _____ Course # _____ Title _____ Cr _____

Program Coordinator Approval _____

Signature

Date

RECEIVED AND PROCESSED BY DIVISION OF GRADUATE STUDIES

Office of Graduate Studies _____

Signature

Date

This form must be filled out completely and returned to the Office of Graduate Studies, Old Main Building, room 101. Incomplete forms will be returned.