

**REQUEST FOR A LETTER OF GOOD STANDING TO ENROLL IN ANOTHER COLLEGE OR UNIVERSITY.**

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

This form must be typed and submitted to:

**Academic Vice President  
William Carey University  
498 Tuscan Avenue  
Hattiesburg, Ms 39401-5499**

Name of Student \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_

Telephone # \_\_\_\_\_

College/University mailing address for which you are requesting a letter of good standing:

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

Semester/term you are  
requesting to attend:

\_\_\_\_\_

Course(s) you are requesting to take at another college/university; include course prefix (i.e., Bio), course number, course title and description of the course from the catalog of the college in which you are requesting to enroll:

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

What is the total number of semester hours (on all campuses) in which you are enrolling, including this request? \_\_\_\_\_

Are you a current student at William Carey University? Yes / No

What is the date of your last enrollment at William Carey University? \_\_\_\_\_

Your classification at William Carey University based on cumulative semester hours at all colleges (circle one):

Freshman  
1-29 hrs.

Sophomore  
30-59 hrs.

Junior  
60-89hrs.

Senior  
90+hrs.

Number of semester hours transferred from junior/community college(s): \_\_\_\_\_

Your major area of study at William Carey University: \_\_\_\_\_ Your cumulative GPA: \_\_\_\_\_

Do you lack 30 or less semester hours to graduate? Yes / No When do you expect to graduate? \_\_\_\_\_

Have you completed, or will you complete 48 upper-level semester hours (juniors and senior, 300-400 level courses) prior to graduation? Yes / No

Do you have a financial balance at William Carey University? Yes / No

(OVER)

**TYPE REASONS AS TO WHY YOU ARE REQUESTING TO TAKE A COURSE(S) IN ANOTHER COLLEGE**

Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE, FOR ADMINISTRATIVE USE ONLY**

**Academic Advisor's Decision based on CATALOG REQUIREMENTS**

Approved \_\_\_\_\_

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

Disapproved \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Reason (s) for Decision:

**Academic Vice President's Decision**

Approved \_\_\_\_\_

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

Disapproved \_\_\_\_\_

AVP's Signature: \_\_\_\_\_

Reason (s) for Decision: