

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

This form must be submitted to: academicaffairs@wmcarey.edu

Date: _____

Student ID # _____

Telephone# _____

Name of Student: _____

WCU Student Email Address: _____

Semester/term you are requesting to attend: _____

Name of college/university you are planning to attend. _____

If your request is approved, provide the email address of the contact person at the college/university listed above.

A STUDENT IS NOT PERMITTED TO ENROLL IN MORE THAN 15 SEMESTER HOURS IN A TRIMESTER. 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

Your major area of study at William Carey University: _____

When do you expect to graduate? _____

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 in which you are requesting to enroll:

Course Prefix and Number	Course Title	Number of Hours

Reason as to why you are requesting to take a course(s) at another college:

Student Signature: _____

DO NOT WRITE BELOW THIS LINE, FOR ADMINISTRATIVE USE ONLY

Administrative Assistant for Academic Affairs

What is the student's classification at William Carey University based on cumulative semester hours at all colleges?

- Freshman- 1-29 hrs.
- Sophomore- 30-59 hrs.
- Junior- 60-89 hrs.
- Senior- 90+ hrs.

List student's cumulative GPA: _____

WCU Equivalent Course Prefix and Number	Number of Credit Hours

Academic Advisor's Decision based on CATALOG REQUIRMENTS:

Total Junior College Hours: _____

Does the student lack 30 or less semester hours to graduate? Yes / No

Does the student need the course(s) listed for graduation? Yes / No

Approved: _____ Disapproved: _____

Date approved: _____

Advisor's Signature: _____

Additional Notes:

Academic Vice President's Decision:

Approved: _____ Disapproved: _____

Date approved: _____

AVP's Signature: _____

Additional Notes: