

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

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

This form must be submitted to:

**Academic Dean  
William Carey University  
19640 Highway 67  
Biloxi, MS 39532**

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

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

Student ID # \_\_\_\_\_

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:

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

**NOTE: Official transcripts of completed courses need to be sent to the William Carey University Registrar's Office; 498 Tuscan Avenue; Hattiesburg, MS 39401.**

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      Are you a **Free Throw** student? 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  
60-89 hrs.

Senior  
90+ hrs.

Number of semester hours transferred from junior/community colleges (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)

STATE 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 Dean's Decision**

Approved \_\_\_\_\_

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

Disapproved \_\_\_\_\_

Academic Dean's Signature: \_\_\_\_\_

Reason (s) for Decision: