



Date: _____

Winston-Salem State University

Application for a Graduate Student to take a course at
another institution

Name of Institution where course will be taken:		
Address:		
City	State:	Zip code:

I request permission to take the following course(s) during the _____ 20 _____ semester.

Course #	Semester Hrs.	Comparable Winston Salem State University Course	Reason for taking course

(No grade below “B”) or pass/fail courses only will be accepted and no earned credit can be disregarded. It is requested that a transcript be sent to the Registrar’s Office immediately after completing the course(s).

Note: (May not exceed the maximum number of transfer credit hours allowed by Graduate programs).

Student/Name:			
Address:	City	State	Zip Code
Graduate Program		Grade Point Average	
Signature of Student		Date	

APPROVED NOT APPROVED

REASON FOR DISAPPROVAL:

Graduate Program Coordinator	Department Chair
------------------------------	------------------