



WINSTON-SALEM
STATE UNIVERSITY

Office of the Registrar
202 Thompson Center • 601 S Martin Luther King Jr. Drive
Winston-Salem, North Carolina 27110
Phone: 336-750-3330 • Fax: 336-750-3332
Application to Take Courses at another Institution

Date: _____

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I APPLY, HEREWITH, FOR PERMISSION TO TAKE THE FOLLOWING COURSE(S) DURING THE: _____ 20 _____ SEMESTER.

***NOTE: INITIALS REQUIRED FROM CHAIRPERSON IN DEPARTMENT WHERE COURSE IS OFFERED.**

Course Number	Semester Hours	Comparable Winston-Salem State University Course	*Initials

NO GRADE BELOW "C" WILL BE ACCEPTED AND NO EARNED CREDIT CAN BE DISREGARDED. IT IS REQUESTED THAT A TRANSCRIPT BE SENT TO THE OFFICE OF THE REGISTRAR AS SOON AS WORK IS COMPLETED.

STUDENT NAME _____

ADDRESS _____

CITY/STATE

ZIP CODE

MAJOR _____ CLASSIFICATION _____ CUMULATIVE AVERAGE _____

SIGNATURE OF STUDENT

DATE

For Office Use Only

APPROVED: NOT APPROVED:

REASON FOR DISAPPROVAL: _____

DEPARTMENT CHAIRPERSON

DEAN

DATE

DATE