

## REQUEST TO TAKE NON-RESIDENT COURSES

[THIS FORM MUST BE APPROVED 4 WEEKS PRIOR TO THE REQUESTED NON-RESIDENT SEMESTER]

Name SS#					
Address	-1	0:1:	01-1-	7'	
Number and Stree	et	City	State	Zip	
Major	Classification			GPA	
	Name and Address of Ins	stitution to which	student is applying:	[Must be a 2.0	o or betterj
Semester and Year stud	ent plan to enroll		Applied for I	Financial Aid:	Yes No
COURSE(S) STUDENT REQUEST: Albany State University			SUBSTITION(s) PROP		
(Crse. No. and Title)	(Credit Hrs)	(Crse. No.	And Title )	(Credit Hrs)	
		•			
REASON FOR REQUEST: Study Abo	road Program in Costa Ric	a			
Note: Students who have fa	iled or received a de	ficient grad	e in a course wil	I not be permitted	I to take the course
	ore processing this				
student's record. Both mus					
Graduating seniors will not semester in which they are t					
semester in which they are t	o graduate. In no ca	Ses will a re	troactive non-res	sident request be	approved.
ACTION ON REQUEST		Student		Date	
Approved Not Approved					
		Advisor		Date	
	D	epartmental CI	nairperson	Date	<del></del>
[ ]					
		Dean		Date	<del></del>
[] []					
1 1 1 1	Vic	e President for	Academic Affairs	Date	

Note: If Graduate Student Transient, a copy must be submitted to the Graduate School Office.