

REQUEST TO TAKE NON-RESIDENT COURSES
[THIS FORM MUST BE APPROVED (4) WEEKS PRIOR TO THE REQUESTED NON-RESIDENT SEMESTER]

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ddress						
Number and St	reet	City	State	Zip		
lajo <u>r</u>	Classification		GPA	Must be a 2.0 o		
	Name and Address of Ins	stitution to which		Must be a 2.0 o	r better j	
Semester and Year stud	dent plan to enroll		Applied for	Financial Aid: _	Yes	No
COURSE(S) STUDENT REQUEST: Albany State University			SUBSTITUTION(S Attending Institu			
Course No. and Title)	(Credit Hrs)		(Course No. And Titl	e)	(Credit Hrs)	
REASON FOR REQUEST						
Note: Students who have fon a non-resident basis. the student's record. Bot Affairs. Graduating senior during the semester in when the semester in which was approved to the semester in the semester	Before processing the hust approve the responsible to the permits which they are to grant to	his form, the request prior ted to take c aduate. In	advisor and de r to consideration courses at anot	partmental on by the Vice her institution	hairperson sl e-President f on as a transi	nould re or Acad <mark>ent stu</mark>
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