Registrar's Office 200 High Street, Glenville, WV 26351 -362-4117 Fax 304462-8619 registrar@glenville.edu

Student's Name				<u>ID#SU</u>			
PermanentAddress							
Transient Institution Name							
Institution City & State B							
(if applicable) Enrolling: †summer †fall †winter †spring Year:Term dates(from/to):							
Graduating in ternselected bove? + No + Yes (If yes and youwill not be enrolled in GSU classes during the term selected above, you must complete an Academic Petitiorform requesting permission to complete your last classes during hand another institution. The academic petitionmust accompanythis form.)							
For term selectedbove # of GSU credits plus #totansient credits total # ofcredits (If total # of credits are more than 18 for fallspring, or more than 12 for summer/winter, refer to item No. 3 below)							
5 TRANSIENT COURSE(S)   GLENVILLE STATE UNIVERSITY COURSE(S) TRANSIENT COURSE(S)							
SUBJ	CRS	Title	CR	SUBJ	CRS	Title	CR
Ex.MATH	115	College Algebra	3	Ex.MATH	1112	College Algebra	3
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By signing this form, I understand and agree to the following:

- 1. I have the required overall 2.00 GPA.
- 2. If graduating after the completion of the course(s) listed on this request, I must provide proof of being enrolled i above course(s) to the Registrar's Office before I will be added to the graduation list.
- 3. I will attach a Request to Qirry Extra Hours form if my total credit load for the term selected including course(s) listed above) exceeds 18 credit hours for fall or spring, or 12 credit hours for summer or winter.
- 4. Upon request, I may need to provide a copy course syllabusor course outline

5.