Request to Transfer
Part of the Last 60 Hours for a Degree
Missouri University of Science and Technology
Office of the Registrar

FROM THE MISSOURI S&T STUDENT ACADEMIC REGULATIONS: "An undergraduate student may be granted an earned degree only if he/she completes the last 60 hours toward the degree in residence at Missouri S&T. A student may, with departmental approval, take up to 15 of this 60 hours off campus. If the student wishes to exceed 15 hours (of the last 60) taken off campus, the student must obtain approval from the Vice Provost and Dean of the student's college depending upon recommendation of the student's department chair."

I hereby request permission to take the following course(s) at________________________________________________________ during the __________________________ semester.

Courses:________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Reason:________________________________________________________________________________________

NOTE: This form is not to be used as a course evaluation. See the Registrar’s Office Course Equivalency. A course description or syllabus may be required.

Date:_________________________ Student Signature:________________________________________________________

Student ID ____________________ Print Name:_______________________________________________________________

Scholastic Records to Date:
"F" Grades in________________________________________________________

Previous substitutions and waivers:________________________________________________________

Missouri S&T Credit Hours Attempted:______________  Missouri S&T GPA:______________

Recommended by Advisor Date ____________________________

Approved by Major Department Chair Date ____________________________

*Approved by Vice Provost and Dean Date ____________________________

*NECESSARY ONLY IF MORE THAN 15 HOURS WILL BE TRANSFERRED

PLEASE RETURN TO OFFICE OF THE REGISTRAR