

Request for Permission to Take Courses at Another Institution*

Please print legibly

Student Name: _____ TUID _____
 School/College _____ Major/Program _____ Anticipated Grad Date _____
 Address: _____ City _____ State _____ Zip Code _____
 Phone Number: _____ Temple Email Address: _____@temple.edu
 Reason for request: _____

Please fully explain your reason for this request. Feel free to use the back of this form or attach your justification on separate paper.

*For Study Abroad requests use *Request for Approval to Study Abroad on a Non-Temple Program*

I understand

- That my cumulative grade point average must be 2.00 or above.
- That there must be a compelling academic reason for this request.
- That the course(s) I wish to take must be evaluated by the relevant Department's designee/representative, if not already evaluated.
- That, while taking the course, I must be residing 50 or more miles from a Temple University campus.
- That the institution offering the course must be located 50 or more miles from my Temple University campus.
- That for this request to be considered, the course cannot currently be offered through Temple's distance learning program.
- That credits will be transferred to Temple only upon the completion of the course(s) with a grade of "C-" or better.
- That transfer credits do not affect my Temple gpa.
- That I cannot receive credit for the same course twice.
- That I cannot use grades earned in transfer courses to replace a grades earned in the Temple equivalent courses.
- That at least 30 of my last 45 credits must be taken at Temple. (Some majors have additional residency requirements.)
- That to be eligible for Latin Honors at graduation, a student must complete a minimum of 60 semester hours of the program while matriculated at Temple.
- That in order for credits to be transferred to Temple, an official transcript from the institution attended must be sent to the Admissions Office upon completion of the coursework.

Student Signature

Date

I request permission to take the following courses during the Fall ___ Spring ___ Summer ___ 20__ semester at:

Name of Institution: _____

Address: _____

Student completes shaded section

Temple Representative completes the information below:

Transfer Institution				Temple University Information			Action		
Dept	Course Number	Course Title	Credit Hours*	Dept	Course Number	Course Title	Reviewed By	Phone Extension	A=Approved; D=Denied

*Quarter Credits are evaluated at different rates: 2 quarter hour credits are equivalent to 1.5 semester hour credits; 3 quarter hour credits are equivalent to 2.0 semester hour credits; 4 quarter hour credits are equivalent to 2.5 semester hour credits.

Academic Advisor's Signature and Date: _____

Advising Director/Dean's designee signature and Date: _____

Notes: _____

