GRADUATE PRIOR PERMISSION
REQUEST to ENROLL at another UNIVERSITY/COLLEGE

Step 1: Complete this section with your advisor.

_____ _____
Last Name First Name Middle Initial Avila ID # or SSN

I request permission to enroll at _____ for _____.
Name of University/College Term and Year

Course Code (ex. PSY 601)	**Title**	**Credits**	**Requirement to be met or waived:**
1._____	_____ □ Repeat	_____	_____
2._____	_____ □ Repeat	_____	_____

Step 2: Read and acknowledge the following policies for transferring courses to Avila.

- This form must be completed **PRIOR** to enrolling in the course(s).
- **Student must request** an official transcript **with final grades** from the university/college to be mailed to your program director at: Avila University, 11901 Wornall Road, Kansas City, Missouri, 64145 upon completion of the course.
- This form serves as permission for the specified term/year stated above. Other term/year requests will require a separate form.
- Your advisor must be notified if the requested course(s) are changed or not completed.
- If you are receiving financial aid, you must talk directly to the financial aid office. Do not make assumptions about receiving aid for these courses.
- Courses to be transferred must be from a regionally accredited institution.

I have read and understand these policies.

_____
Student Signature Date

Step 3: The Program Dean/Director will forward this completed form along with the official transcript to the Registration & Student Records Office.

□ **Approved** □ **Not Approved**

_____
Program Dean/Director Signature **Date**

Comments:

IC: _____
Initial Date
RSRO 3/2014