

**COLLEGE OF LIBERAL ARTS
OFF-CAMPUS REQUEST FORM**

Granting permission to take coursework off-campus during the semester which you plan to graduate

Name: _____ **TXST ID:** _____ **TXST Net ID:** _____

Degree: BA BS BAIS BPA **Major:** _____ **Minor:** _____

Phone #: _____ **Permanent Email Address:** _____

Transfer Course			For Office Use Only Texas State Equivalent	
Institution	Course	Course Title	Course	Applies to Degree (Y or N)

Acknowledgements (initial):

_____ I acknowledge that completing courses other than those approved by the College of Liberal Arts Advising Center may not apply to my degree.

_____ I understand that the transfer course(s) above will not be calculated into my Texas State GPA.

_____ I understand that upon completion of the transfer course(s) above, it is my responsibility to submit an official transcript to the Office of Undergraduate Admissions at Texas State.

Graduation Date (year): Fall _____ Spring _____ Summer _____

By signing below, you are indicating that you understand and accept the conditions stated above.

Student Signature

Date

For Office Use Only

- Upon completion of the requested courses, the student will meet residency requirements.
- Upon completion of the requested courses, the student will meet residency requirements based on the College of Liberal Arts standard undergraduate degree exceptions. Per Dean's approval, 9-10 hours within the last 30 hours may be transferred from another institution.

Advisor Signature

Date

Supervisor Signature

Date