

**REQUEST FOR A LETTER OF GOOD STANDING TO ENROLL  
IN ANOTHER COLLEGE OR UNIVERSITY.**

**This form must be submitted to: [domary@wmcarey.edu](mailto:domary@wmcarey.edu)**

Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

Telephone# \_\_\_\_\_

Name of Student: \_\_\_\_\_

WCU Student Email Address: \_\_\_\_\_

Semester/term you are requesting to attend: \_\_\_\_\_

Name of college/university you are planning to attend. \_\_\_\_\_

If your request is approved, provide the email address of the contact person at the college/university listed above.

\_\_\_\_\_

**A STUDENT IS NOT PERMITTED TO ENROLL IN MORE THAN 15 SEMESTER HOURS IN A TRIMESTER.** What is the total number of semester hours (on all campuses) in which you are enrolling, including this request?

\_\_\_\_\_

Are you a current student at William Carey University? Yes / No

Your major area of study at William Carey University: \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

Course(s) you are requesting to take at another college/university; include course prefix (i.e., BIO), course number, course title and description of the course from the catalog in which you are requesting to enroll:

Course Prefix and Number	Course Title	Number of Hours

Reason as to why you are requesting to take a course(s) at another college:

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE, FOR ADMINISTRATIVE USE ONLY**

**Administrative Assistant for Academic Affairs**

What is the student's classification at William Carey University based on cumulative semester hours at all colleges?

- Freshman- 1-29 hrs.
- Sophomore- 30-59 hrs.
- Junior- 60-89 hrs.
- Senior- 90+ hrs.

List student's cumulative GPA: \_\_\_\_\_

<b>WCU Equivalent Course Prefix and Number</b>	<b>Number of Credit Hours</b>

**Academic Advisor's Decision based on CATALOG REQUIRMENTS:**

Total Junior College Hours: \_\_\_\_\_

**A student cannot take courses at another institution in they lack 30 hours or less to graduate. If you choose to approve the request, please explain your reason for approval.**

Does the student lack 30 or less semester hours to graduate? Yes / No

Does the student need the course(s) listed for graduation? Yes / No

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Date approved: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

**Academic Vice President's Decision:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Date approved: \_\_\_\_\_

AVP's Signature: \_\_\_\_\_

Additional Notes: