

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

Date: _____

This form must be submitted to:

**Academic Dean
William Carey University
19640 Highway 67
Biloxi, MS 39532**

Name of Student _____

Mailing Address _____

Social Security # _____

Telephone # _____

College/University mailing address for which you are requesting a letter of good standing:

Semester/term you are
requesting to attend:

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 of the college in which you are requesting to enroll:

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

Are you a **Free Throw** student? Yes / No

What is the date of your last enrollment at William Carey University? _____

Your classification at William Carey University based on cumulative semester hours at all colleges (circle one):

Freshman
1-29 hrs.

Sophomore
30-59 hrs.

Junior
60-89hrs.

Senior
90+hrs.

Number of semester hours transferred from junior/community college(s): _____

Your major area of study at William Carey University: _____

Your cumulative GPA: _____

Do you lack 30 or less semester hours to graduate? Yes / No When do you expect to graduate? _____

Have you completed, or will you complete 48 upper-level semester hours (juniors and senior, 300-400 level courses) prior to graduation? Yes / No

Do you have a financial balance at William Carey University? Yes / No

(Letter of Good Standing CANNOT be granted until account is cleared.)

TYPE REASONS AS TO WHY YOU ARE REQUESTING TO TAKE A COURSE(S) IN ANOTHER COLLEGE

Signature: _____

DO NOT WRITE BELOW THIS LINE, FOR ADMINISTRATIVE USE ONLY

Academic Advisor's Decision based on CATALOG REQUIREMENTS

Approved _____

Date: _____

Disapproved _____

Advisor's Signature: _____

Reason (s) for Decision:

Associate Dean of Academic Program's Decision

Approved _____

Date: _____

Disapproved _____

ADAP's Signature: _____

Reason (s) for Decision: